STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

EMPLOYEE ID NUMBER:

DEPT #:

NAME:

Electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130.

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION

Authorizations can be made for both net pay deposits and/or one flat amount deposit. I hereby authorize the State of Alaska to make payroll deposits to my account as indicated below:

NET PAY DEPOSIT:	Initial Authorization	C C	hange	Cancellation	No Change
				CHECK ONL	YONE
Financial Institution Name					
Institution Transit Routing Numb	er		S	AVINGS	
			C	HECKING – PLEASE	ATTACH A VOIDED
Account Number			-	ECK OR OTHER BANK	
			AC	COUNT NUMBER AS AF	FLICADLE

FLAT AMOUNT DEPOSIT:	Change 🔲 Cancellation 🔲 No Change	
	CHECK ONLY ONE	
Financial Institution Name	SAVINGS CHECKING – PLEASE ATTACH A VOIDED CHECK OR OTHER BANK VERIFICATION OF ACCOUNT NUMBER AS APPLICABLE	
Institution Transit Routing Number		
Account Number		
Amount of Deduction		
FREQUENCY OF FLAT AMOUNT(CHECK ONLY ONE):		
1 st payroll of month (16 th - end of month pay period)2 nd payroll of month (1 st - 15 th pay period)	Twice monthly (both pay periods)	
Note: Pay period dates listed apply to semi-monthly pay employ selections based on the frequency of deduction.	ees only. Bi-weekly employees should make	

I also authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account I have indicated above. I understand the State will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account. This authority is to remain in full force and effect through the duration of my employment with the State of Alaska or until the State of Alaska has received written notification from me.

I understand I must notify the State immediately and complete a new authorization form if I change financial institutions, account numbers or type of account.

Submit this completed form to your Human Resources Service Center or agency for processing. The processing of this form will take at least two pay periods. Refer any questions to your Human Resources Service Center or agency.

Any alteration or unauthorized addition invalidates this form.

SIGNATURE: DA	ATE:

Instructions to complete the State of Alaska Direct Deposit Form

Enter Employee ID, Name, and Department

NET PAY DEPOSIT

To deposit the all of net dollars from each pay warrant for each pay period. Dollars can be transferred to any ACH participating Financial Banking Institution.

Indicate by marking the appropriate box:

- Initial Authorization you do not currently have an existing electronic NET deposit.
- **Change** you wish to make a change to an existing electronic NET deposit such as a new financial institution, account number or account type.
- Cancellation you wish to cancel an existing electronic NET deposit and elect not to have a new set-up started.
- **No Change** you wish to continue your existing electronic NET deposit. Mark this box if you are making an authorization in the flat amount deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.

Indicate either Savings or Checking. For Checking please attach a voided check or other bank verification of account number as applicable.

Only indicate ONE type of account. Monies may not be divided between savings and checking.

When to expect your first deposit: Each new deposit or change will require at least two pay periods processing. The first pay period after set up, a pre-note process is initiated where information regarding your account is sent to the banking institution, but no monies are sent. You will receive an actual payroll warrant. The next pay period, your NET monies will be sent electronically and your warrant stub will be available online through Employee Documents Online. See: http://soaemployeedocs.alaska.gov.

FLAT AMOUNT DEPOSIT

A set flat amount of money can be electronically deposited into any ACH participating financial institution.

Indicate by marking the appropriate box:

- Initial Authorization you do not currently have an existing electronic flat amount deposit.
- **Change –** you wish to make a change to an existing electronic flat amount deposit. A new banking institution, account number, account type or dollar amount.
- Cancellation you wish to cancel an existing electronic flat amount deposit and elect not to have a new set-up started.
- **No Change** you wish to continue your existing electronic flat amount deposit. Mark this box if you are making an authorization in the NET deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.

Enter the dollar amount – Enter the dollar amount to be deducted from the appropriate pay period.

Indicate either Savings or Checking. For Checking please attach a voided check or other bank verification of account number as applicable.

Only indicate ONE type of account. Monies may not be divided between savings and checking.

Frequency:

Indicate how often the flat amount should be deducted and electronically transferred; the first warrant of the month, the second warrant of the month or both warrants.

When to expect your first deposit: Each new deposit or change will require at least two pay periods processing. The first pay period after set up, a pre-note process is initiated where information regarding your account is sent to the financial institution, but no monies are sent. The next pay period, the monies will be sent electronically. If you are making a change to the flat dollar amount only, no pre-note will be necessary and no delay in electronic deposits will occur.

Sign and date the form. Submit the completed form to your Human Resources Service Center or agency.