



AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by State and Higher Education Employees in communicating their direct deposit information.

PS Employee ID:	<input style="width: 95%;" type="text"/>	Social Security Number:	<input style="width: 95%;" type="text"/>
First Name <small>(limit to 15 characters)</small>	<input style="width: 95%;" type="text"/>	Last Name <small>(limit to 15 characters):</small>	<input style="width: 95%;" type="text"/>
Date of Birth:	<input style="width: 95%;" type="text"/>		
	MM	DD	YYYY

I hereby authorize the State of Oklahoma, as per the Oklahoma State Employee's Direct Deposit Act, 74:292.10 to:

<input type="checkbox"/> ADD	PAYROLL – (Deposit my payroll warrant in my account as indicated below)
<input type="checkbox"/> REMOVE	PAYROLL – (I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit)
<input type="checkbox"/> ADD/ <input type="checkbox"/> REMOVE	SPENDING ACCOUNT – (HEALTH CARE, DEPENDENT CARE REIMBURSEMENT)
<input type="checkbox"/> ADD/ <input type="checkbox"/> REMOVE	TRAVEL

If monies to which I am not entitled are deposited to my account, I authorize the State of Oklahoma to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by my employing agency will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT CHECKING SAVINGS PayCard

Financial Institution Name (Your Bank):

City: **State:**

This authority is to remain in full force and effect until: **(A)** I give my employer written notice using this form (OPM-73) to terminate this direct deposit agreement. **(B)** I fail to utilize payroll direct deposit for 365 days, at which time this agreement will expire. **(C)** The event of my death, at which time this agreement expires immediately, upon notification. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address:

City: **State:** **ZIP:**

Home Telephone Number: **Work Telephone Number:**

Email:

Employing Agency:

Signature: **Date:**

I understand that while a change of enrollment is in process I may, in fact, receive a warrant instead of an electronic transfer.

If this is an initial enrollment or bank routing and/or account number change please attach a **voided check** or an **official document** from your financial institution showing the financial institution's routing number and your account number.

A signed form must be on file with the employer.
Please mail the completed form to the address below.

Paycard Option

Customer Service Phone Number:

1-866-444-4283

ATTACH CHECK HERE

Agency, Board, Commission Name
ATTN: Direct Deposit Contact
Address
City, ST Zip