

SPECIAL NOTE

State of Alaska employees can create or modify a Direct Deposit Authorization for their **NET PAY DEPOSIT** electronically through the [Employee Self Service Portal](#). Setups and modification to a **FLAT AMOUNT DEPOSIT** may only be requested by submitting a signed copy of this Payroll Direct Deposit Form to your Payroll Services Office or Agency HR Office.

A voided check or other banking documentation **MUST** be attached with this agreement to verify your banking information. Failure to provide documentation will result in your form not being processed.

This form does not set up payments made to you in IRIS Financial (e.g., travel reimbursements) for direct deposit. To have these payments go direct deposit, you must fill out the State of Alaska Electronic Payment Agreement form for State Employee Reimbursements at this link: http://doa.alaska.gov/dof/forms/resource/EDI_agreement_StateEE.pdf

STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

EMPLOYEE ID NUMBER:	DEPT #:	NAME:
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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.

Direct deposit to foreign financial institutions is not allowed.

I hereby authorize the State of Alaska to make payroll deposits to my account as indicated below:

NET PAY DEPOSIT: <input type="radio"/> Initial Authorization <input type="radio"/> Change <input type="radio"/> Cancellation <input type="radio"/> No Change	
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____	CHECK ONLY ONE <input type="radio"/> SAVINGS <input type="radio"/> CHECKING
FLAT AMOUNT DEPOSIT: <input type="radio"/> Initial Authorization <input type="radio"/> Change <input type="radio"/> Cancellation <input type="radio"/> No Change	
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____ Amount of Deduction _____	CHECK ONLY ONE <input type="radio"/> SAVINGS <input type="radio"/> CHECKING
FREQUENCY OF FLAT AMOUNT (CHECK ONLY ONE): <input type="radio"/> 1ST PAYROLL (16 th -end of month pay period) <input type="radio"/> 2ND PAYROLL (1 st -15 th pay period) <input type="radio"/> TWICE MO. (both pay periods)	
Note: Pay period dates listed apply to semi-monthly pay employees only. Bi-weekly employees should make selections based on the frequency of deduction.	

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. Any alteration or unauthorized addition invalidates this form.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately. If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

Submit this completed form to your Payroll Services Section or Agency HR Office 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.

SIGNATURE:	DATE:
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