

PHRST DIRECT DEPOSIT AUTHORIZATION FORM

This form is to be completed and submitted by the employee ONLY. Please return directly to your Human Resource or Payroll Department.	Date: _____
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Employee Name: _____	Empl ID: _____	Work Phone: _____
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Direct Deposit Instructions:

If only one banking instruction is set up, **Section A** designates the account to receive the balance of net pay. If there are multiple banking instructions in **Section B**, then **Section A** designates the account to receive any balance funds left over after all other direct deposit instructions are processed. The priority number of 999 is established for the account in Section A. For multiple accounts, all accounts with the exception of the last account (Section A) shall be processed as **Flat Amount** and shall be designated by Priority beginning with 100, 200, etc. in Section B.

Section A: Balance Account: The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in **Section B**, the list of Additional Accounts.

999	Balance				
Priority	Amount	Transit #	Account #	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name: _____					
Bank Address: _____					

Section B: Additional Accounts For Multiple Direct Deposits

Priority	Flat Amount	Transit #	Account #	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name: _____					
Bank Address: _____					

Priority	Flat Amount	Transit #	Account #	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name: _____					
Bank Address: _____					

Priority	Flat Amount	Transit #	Account #	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name: _____					
Bank Address: _____					

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature: _____ Date: _____

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on this form are correct.

Please contact your bank to confirm routing/account numbers if you are unsure.

**INCORRECT OR ILLEGIBLE ROUTING AND/OR ACCOUNT NUMBERS
WILL RESULT IN YOUR PAY BEING DELAYED.**