

TRAVEL DIRECT DEPOSIT FORM INSTRUCTIONS

In order to process your direct deposit request the following information must be provided:

1. Employee name
2. Social Security Number
3. wvOASIS Vendor Customer Code - Can be provided by your Accounts Payable Department.
4. Home mailing address
5. Phone Number

1. List the Financial Institution name. Your payment will be going to the Financial Institution name listed.
2. Indicate by marking the appropriate box. **Mark one box ONLY!**
 - a. **Start Direct Deposit**
Your payment is currently not setup for direct deposit.
 - b. **Change**
Your direct deposit is currently setup and you want to send your funds to a different account or Financial Institution. **Do not close your old account until you have received your payment in the new account. This will help prevent a delay in receiving your payment.**
 - c. **Cancel**
You wish to cancel direct deposit and elect not to have a new direct deposit started.
3. Indicate whether the account is checking or savings. **Mark one box ONLY!**
 - a. **Checking**
Attach a voided check, Financial Institution statement, or a letter from the Financial Institution (on FI letterhead) containing the account information, printed name, title and signature of the Financial Institution representative.
 - b. **Saving**
Attach a Financial Institution statement or letter from the Financial Institution (on F.I. letterhead) containing the account information, printed name, title and signature of the Financial Institution representative.

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Employee must do the following:

1. Complete, sign and date the form.
 2. Deliver the form with your account documentation to your payroll or accounts payable representative for completion.
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Payroll or accounts payable representative must do the following:

1. Complete the State Agency field.
2. Review the form and make sure it has been completed.
3. Make sure the Business Designation Code (Employee Reimbursement) in wvOASIS is correct.
4. Sign and date the form.
5. Forward the form along with the documentation to the Auditor's Office.

Travel Direct Deposit Form

West Virginia State Auditor's Office/ ePayments Division - 1900 Kanawha Blvd E - Bldg 1, Rm W-121 - Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

Employee Name:

SSN:

wvOASIS Vendor
Customer Code:

Phone Number:

Address 1:

Address 2:

City:

State:

Zip Code:

ACCOUNT INFORMATION

Financial Institution
Name:

Start Direct Deposit Change Cancel

Checking - Attach a voided check.

Routing Number:

Saving

Account Number:

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. This authority is to remain in full force and effect until the STATE has received written notification from me of its termination in such time and manner as to afford the STATE a reasonable opportunity to act on it. I further acknowledge that any remittance information associated with travel payments will be made available to me through a secure internet web site.

Employee's Signature: _____

Date:

State Agency:

I hereby certify I am an agency representative of the herein named agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee as indicated.

**Agency Representative's
Signature:** _____

Date:

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.

BUSINESS DESIGNATION YES

CODE CORRECT: NO

FOR WWSAO USE ONLY!