

wvOASIS PAYROLL DIRECT DEPOSIT SETUP FORM INSTRUCTIONS

To process a Payroll Direct Deposit Setup request, the employee must do the following:

1. Provide First and Last Name
 2. Provide wvOASIS Employee ID - (Can be provided by your payroll department.)
 3. Provide Social Security Number
 4. Complete, Sign, and Date the form.
 5. Deliver the form with your account documentation to your State Agency Payroll Department for completion.
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Payroll Primary Account

1. You are currently not set up for direct deposit. Please list the Financial Institution name your net pay will be deposited each pay.
2. 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) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.
 - b. **Savings**
Attach a Financial Institution statement or letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.

Payroll Secondary Account(s)

1. You are currently not set up for direct deposit. Please list the Financial Institution name your secondary account will be deposited each pay.
2. 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) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.
 - b. **Saving**
Attach a Financial Institution statement or letter from the Financial Institution (on FI letterhead) listing the account information, printed name, and signature of the Financial Institution representative, title and contact information.
3. Indicate the dollar amount you want to be deposited each pay. The amount must be the same for each pay.
4. More than two secondary accounts will require an additional form to be completed and signed.

WV OASIS PAYROLL DIRECT DEPOSIT SETUP FORM INSTRUCTIONS

To complete the employee's Payroll Direct Deposit Setup request, the State Agency Payroll Department must do the following:

1. Provide the State Agency Name.
2. Provide a Phone Number.
3. Sign and Date the form confirming it was received from the employee.
4. Review the form and make sure it has been completed.
5. Attach the form along with the documentation to the NPD document before submitting into the workflow.



Payroll Direct Deposit Setup Form

West Virginia State Auditor's Office, ePayments Division
www.wvsao.gov

PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED

FIRST NAME: MI: LAST NAME:

wvOASIS
EMPLOYEE ID:

SSN:

Payroll Primary Account:

BANK NAME:

ROUTING #: Checking - Attach a voided check

Saving

ACCOUNT #:

Payroll Secondary Account(s): If you have more than two secondary accounts, please complete an additional form

BANK NAME:

ROUTING #: Checking - Attach a voided check

Saving

ACCOUNT #:

Dollar Amount

BANK NAME:

ROUTING #: Checking - Attach a voided check

Saving

ACCOUNT #:

Dollar Amount

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. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee Signature: _____ Date: _____

To be completed by the State Agency Payroll Department

State Agency: Phone #:

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above..

Payroll 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.