



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Automatic Deposit Transmittal**

This form is used by OKDHS employees in communicating their direct deposit information. Official use only

People Soft (PS) employee ID	Social Security number	Date of birth / /
First name, limit to 15 characters	Last name, limit to 15 characters	

I hereby authorize the State of Oklahoma, per the Oklahoma State Employees' Direct Deposit Act [74 O.S. § 292.10] to:

Add <input type="checkbox"/> Change <input type="checkbox"/>	<b>Payroll, spending account and travel</b> – will be deposited in my account as indicated.
Remove <input type="checkbox"/>	<b>Payroll</b> – I understand that by terminating direct deposit for payroll this will automatically terminate travel and spending account from my direct deposit.

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 OKDHS will not be affected by my decision to use electronic fund transfer (EFT).

**Only one account is used for direct deposit:** Checking  Saving  Paycard

Financial institution name (your bank)	City	State
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This information is provided by me to facilitate my personal banking needs and is considered personal and held in confidence. This authority is to remain in full force and effect until: **(A)** I give my employer written notice using Form 100A073E to terminate this direct deposit agreement; **(B)** I fail to utilize payroll direct deposit for 30 days, at which time this agreement will expire; or **(C)** in the event of my death, this agreement expires immediately, upon notification.

Home street or P.O. Box mailing address		City	State	Zip
Area code	Home phone	Area code	Work phone	
Employing agency OKDHS				

\_\_\_\_\_  
Signature Date

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 100A073E must be on file with the employer.



Complete and mail this form to:

Oklahoma Department of Human Services  
Finance Division, Payroll Unit  
P.O. Box 25352  
Oklahoma City, OK 73125  
405-521-3041 or 405-521-4340

### Automatic deposit authorization instructions

**Do not fill out or submit this form for change of address or name change.**

For deposit to a checking account, attach a **VOIDED** check from the financial institution of your choice so that information may be used to make a proper deposit. For deposit to a savings account, attach a document from your financial institution showing the financial institution's routing number and your account number. Your request cannot be processed without this information.

**Paycard.** If paycard is selected, place the following information in the financial institution box: First Financial Bank ABA 084 003 997.

### What happens next.

If you have any problems, follow the procedures listed below.

1. **First.** Call your bank and ask for Commercial Direct Deposit Assistance. Advise them that you are on direct deposit through Automated Clearing House (ACH) and explain the problem. If your problem is not resolved, ask to speak to an officer of the bank, a teller supervisor, or a customer service representative. Write down the names of the people you talk to and the phone number you called.
2. **For payroll deposits.** If you are not satisfied with the results for payroll warrant deposits, contact the Finance Division, Payroll Unit. You must complete Step 1 before calling. The Payroll Unit will need the phone numbers and names of the people you talked with at your bank.
3. **For travel deposits.** If you are not satisfied with the results for travel warrant deposits, contact the Finance Division, Claims Auditing Unit.
4. **For spending account deposits.** If you are not satisfied with the results for spending account warrant deposits, contact Spending Accounts Administration at the Employees Benefits Council 405-232-1190.
5. **For paycard deposits.** If you are not satisfied with paycard deposits, Contact MoneyNetwork Customer Service at 1-888-913-0900 or [www.moneynetwork.com](http://www.moneynetwork.com). Then follow the procedures in Step one.