PHRST PAYROLL REQUEST
Direct Deposit Authorization Form Instructions

Please complete all information requested on the Direct Deposit Authorization Form.

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on the form are correct. Please contact your bank to confirm routing/account numbers if you are unsure. Incorrect or illegible routing and/or account numbers may result in your pay being delayed.

State of Delaware employees may contribute to the Fidelity College Investment Plan (Section 529 accounts) with direct deposit. Employees are required to complete a **Fidelity College Investing Plan Direct Deposit** Form AND the **State of Delaware Direct Deposit Authorization** Form.

If you designate only one account

Complete **Section A –Balance Account** only, sign, and date the form. All of your net pay will be direct deposited to the designated account.

If you have multiple direct deposit accounts

Complete **Section A –Balance Account** and **Section B - Additional Accounts for Multiple Direct Deposits**. Indicate the priority (beginning with 100, 200, etc.) and the **flat amount** to be deposited into each account. The remaining balance will be deposited into the account listed in **Section A**.

A pre-notification (pre-note) will be initiated to your financial institution(s) prior to making deposits based on this authorization. The pre-note process verifies the account and transit numbers provided and entered into the PHRST system are valid. Adding a new or changing existing Direct Deposit instruction will cause that account to go through the pre-note process for one pay period. Each time you add a new or change an existing account, complete a new Direct Deposit Authorization Form with all account information to replace any previous instructions.

If you change or close any Direct Deposit account(s), you must notify your employer immediately and complete an authorization form with your new account information so it can be entered into the PHRST system before the next pay period. This will prevent your Direct Deposit from being transmitted to a "closed account" on payday. Failure to promptly notify your employer of changes to your Direct Deposit information may cause a delay in receiving your total net pay. The receiving bank must return funds sent to a closed account to the State of Delaware before a replacement check can be issued to the employee.

To sign up for Direct Deposit, make a change, or if you have any questions, please contact your Human Resource or Payroll Representative.

PHRST PAYROLL REQUEST
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Please return to your Human Resource or Payroll Department	Date:

Employee Name:	Empl ID:	Work Phone:

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 #	Checking	Savings

Bank Name: _____

Bank Address: _____

Section B: Additional Accounts For Multiple Direct Deposits

				☐	☐
Priority	Flat Amount	Transit #	Account #	Checking	Savings

Bank Name: _____

Bank Address: _____

				☐	☐
Priority	Flat Amount	Transit #	Account #	Checking	Savings

Bank Name: _____

Bank Address: _____

				☐	☐
Priority	Flat Amount	Transit #	Account #	Checking	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: _____

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