

SPECIAL NOTE

State of Alaska employees can create or modify a Direct Deposit Authorization for their **NET PAY DEPOSIT** electronically through the [Employee Self Service Portal](#). Setups and modification to a **FLAT AMOUNT DEPOSIT** may only be requested by submitting a signed copy of this Payroll Direct Deposit Form to your Payroll Services Office or Agency HR Office.

A voided check or other banking documentation **MUST** be attached with this agreement to verify your banking information. Failure to provide documentation will result in your form not being processed.

This form does not set up payments made to you in IRIS Financial (e.g., travel reimbursements) for direct deposit. To have these payments go direct deposit, you must fill out the State of Alaska Electronic Payment Agreement form for State Employee Reimbursements at this link: http://doa.alaska.gov/dof/forms/resource/EDI_agreement_StateEE.pdf

COMPLETION INSTRUCTIONS FOR THE STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

Enter Employee ID, Name, and Department

NET PAY DEPOSIT

To deposit the all of net dollars from each pay warrant for each pay period. Dollars can be transferred to any ACH participating Financial Banking Institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic NET deposit.
- **Change** – you wish to make a change to an existing electronic NET deposit such as a new financial institution, account number or account type.
- **Cancellation** – you wish to cancel an existing electronic NET deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic NET deposit. Mark this box if you are making an authorization in the flat amount deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.

Indicate either **Savings or Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

FLAT AMOUNT DEPOSIT

A set flat amount of money can be electronically deposited into any ACH participating financial institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic flat amount deposit.
- **Change** – you wish to make a change to an existing electronic flat amount deposit. A new banking institution, account number, account type or dollar amount.
- **Cancellation** – you wish to cancel an existing electronic flat amount deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic flat amount deposit. Mark this box if you are making an authorization in the NET deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.

Enter the dollar amount – Enter the dollar amount to be deducted from the appropriate pay period.

Indicate either **Savings or Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

Frequency. Indicate how often the flat amount should be deducted and electronically transferred; the first warrant of the month, the second warrant of the month or both warrants.

WHEN TO EXPECT YOUR FIRST DEPOSIT

Please allow up to two pay periods for processing a new deposit or change. If you are making a change to the flat dollar amount only, no pre-note will be necessary and no delay in electronic deposits will occur. After set up, a pre-note process is initiated where information regarding your account is sent to the banking institution, but no monies are sent. During this verification process, any pay will be issued to you with an actual payroll warrant. Once verified, your NET pay will be sent electronically and your warrant stub will be available online through the [IRIS Employee Self Service \(ESS\) Portal](#) under the **My Info > My Compensation > Issued Checks/Advices** link.

Sign and date the form. Submit the completed form to your Payroll Services Section or Agency HR Office.

**STATE OF ALASKA
PAYROLL DIRECT DEPOSIT FORM**

EMPLOYEE ID NUMBER:	DEPT #:	NAME:
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Electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130.

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION

Authorizations can be made for both net pay deposits and/or one flat amount deposit.

Direct deposit to foreign financial institutions is not allowed.

I hereby authorize the State of Alaska to make payroll deposits to my account as indicated below:

NET PAY DEPOSIT:	Initial Authorization	Change	Cancellation	No Change
Financial Institution Name _____	CHECK ONLY ONE			
Institution Transit Routing Number _____	SAVINGS			
Account Number _____	CHECKING			

FLAT AMOUNT DEPOSIT:	Initial Authorization	Change	Cancellation	No Change
Financial Institution Name _____	CHECK ONLY ONE			
Institution Transit Routing Number _____	SAVINGS			
Account Number _____	CHECKING			
Amount of Deduction _____				

FREQUENCY OF FLAT AMOUNT (CHECK ONLY ONE):

FIRST PAY PERIOD (Calendar Days 16th – last day of month)

SECOND PAY PERIOD (Calendar Days 1st – 15th)

TWICE MONTHLY (Both pay periods – for employees on Biweekly payroll, the third paycheck will be skipped for months with three paydays)

ALL PAY PERIODS (Biweekly only – all pay periods including the third paycheck in months with three paydays)

Note: Pay period dates listed apply to semi-monthly pay employees only. Bi-weekly employees should make selections based on the frequency of deduction.

I also authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account I have indicated above. I understand the State will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account. This authority is to remain in full force and effect through the duration of my employment with the State of Alaska or until the State of Alaska has received written notification from me. I understand I must notify the State immediately and complete a new authorization form if I change financial institutions, account numbers, or type of account. Any alteration or unauthorized addition invalidates this form.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately. If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

Submit this completed form to your Payroll Services Section or Agency HR Office for processing. The processing of this form will take at least two pay periods. Refer any questions to your Human Resources Service Center or agency.

SIGNATURE:	DATE:
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