

## Directions for Completion of COVA Direct Deposit Form

### Completed by employee:

- 1.) A separate form must be completed for each account
- 2.) All required fields must be completed:
  - a. Agency Name – you must include any other agency you are currently employed with if changing destination of your NET pay
  - b. Employee Name
  - c. Employee Number
  - d. Employee Address
  - e. Current Account Number – see 3 and 4 below
  - f. Financial Institution Name
  - g. Routing Number – also see 5 below; employees are responsible for providing correct information on this form for both routing and account numbers
  - h. Account Type
  - i. New or Change – use New only if this is the initial request for this account number and nothing is changing
  - j. Amount – only one account number is permitted for NET pay to include payments received for work done at other agencies as well; fixed amounts may be sent to up to three additional accounts per type (checking OR savings) for a total of seven splits (3 fixed amounts to checking, 3 fixed amounts to savings, 1 net amount to either checking or savings)
- 3.) Current account number is required if changing from this account to another
- 4.) Current account number is required if making a change in the dollar amount going to this account
- 5.) Documentation is required to verify routing and account numbers; i.e., voided check, account identification card, direct deposit instructions provided by the bank – please note that this does not replace COVA form
- 6.) Sign and date the form – electronic signatures are not acceptable
- 7.) Do not share this form electronically
- 8.) Submit completed form to your agency HR or Payroll office for processing

### Agency Use:

- 1.) Agency is responsible for validating legitimacy of request and must complete the Agency Use section to document
- 2.) Do not share this form electronically
- 3.) Agency payroll staff are responsible for correctly entering information provided on the form in a timely manner. All data entry should be reviewed for accuracy.

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION** Agency Name: \_\_\_\_\_

(Any change in the NET direct deposit accounts must be reported to ALL agencies that you are actively employed with. Please list them below.)

I am also employed by: \_\_\_\_\_; and \_\_\_\_\_

<b>Name (First, Middle Initial, Last)</b>	<b>Employee Number</b>
<b>Street Address</b>	<b>City, State and Zip</b>

**Current Account Number** (If changing direct deposit information, the account number where funds were deposited prior to the change you are requesting is **required**)

**Financial Institution Name** (Required even if institution is not changing)

**Routing Number** (Required even if institution is not changing) \_\_\_\_\_

**Account Type**

	<b>Checking</b>	<b>Savings</b>
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**New OR Change Amount (Check one) : NET OR Fixed Amount, \$** \_\_\_\_\_

**Account Number** (Attach voided check or other confirmation of account number)

**Authorization and Signature (required for processing)**

I authorize my employer to deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my accounts as indicated. I am responsible for ensuring the accuracy of the account information provided on this form and I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. **I understand that the net amount of each payment I receive from the Commonwealth must be deposited to the same account.** I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

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 for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

**Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.**

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

**For Agency Use:**

Request confirmed with EE by (check at least one): \_\_\_\_\_ form personally delivered by EE; \_\_\_\_\_ Confirmed with EE by phone; \_\_\_\_\_ EE state badge or driver's license verified; \_\_\_\_\_ Other (please describe \_\_\_\_\_)

Form received and verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CIPPS Updated by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Checking** deduction numbers: fixed 159, 163, 167 Net checking 169 Savings deduction numbers: fixed 160, 164, 168 Net savings 170