

STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION

OFFICE OF ACCOUNTS AND CONTROL  
One Capitol Hill, Providence, RI 02908-5883

**EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION / CANCELLATION**

**FOR BI-WEEKLY EMPLOYEES ONLY**

**INSTRUCTIONS:**

**PLEASE TYPE OR PRINT IN INK.** Forward form to your department/agency personnel office. The form will be forwarded to the Office of Accounts and Control after verification of data.

All information on this form must be supplied for: 1) a new net pay deposit authorization, 2) a change to a different financial institution, 3) a change in net pay deposit to a different account number at the same institution, 4) any change in your personal status, or 5) net pay deposit cancellation. Changes for financial institutions or type of account (checking/savings) will be limited to **ONCE A YEAR.**

**NOTES:**

- 1) If your financial institution is NOT a member of the New England Automated Clearinghouse, your electronic funds transfer may not occur on the state's payday.
- 2) If a holiday takes place during the week of the state's payroll processing, your direct deposit may take place on the Monday following the state's normal Friday payday.
- 3) Please see your Personnel Office regarding any questions on Direct Deposit. *Recommended you attach a VOIDED check*

A. NAME:	E. SOCIAL SECURITY NUMBER: _ _ _ / _ _ / _ _ _ _
B. DEPARTMENT/AGENCY: <b>STATE COLLEGES/CCRI</b>	F. PAYROLL ACCOUNT NUMBER: _ _ _ _ / _ _ _ _ _ / _ _
C. FINANCIAL INSTITUTION:	G. BANK ROUTING NUMBER: _ _ _ _ / _ _ _ _ / _
D. DEPOSIT/CHANGE/CANCEL NET PAY TO ACCOUNT TYPE.  <input type="checkbox"/> Checking <input type="checkbox"/> Savings	H. EMPLOYEE'S BANK ACCOUNT NUMBER (ITEM D). PLEASE ENTER ACCOUNT NUMBER FROM LEFT TO RIGHT.  _ _ _ _ _ _ _ _ _ _ _ _ _ _
I. EMPLOYEE AUTHORIZATION/CANCELLATION: I AUTHORIZE THE FOLLOWING ACTION:  <b><u>PLEASE CHECK ONE:</u></b>  <input type="checkbox"/> NET NEW PAY DEPOSIT <input type="checkbox"/> CHANGE NET PAY DEPOSIT <input type="checkbox"/> CANCEL NET PAY DEPOSIT	
SIGNATURE: _____	DATE: _____

Controller's Office Only Date: _____ Initials _____
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