



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF ACCOUNTING

PAYROLL & EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT APPLICATION

Sections A, B, and C are to be completed by the employee.

Section D is to be completed by the agency after reviewing the application and supporting documentation.

SECTION A – TYPE OF ACTION AND EMPLOYEE NAME. Form must be printed using a ball point pen, typed or completed online. Provide all requested information. See reverse side for instructions.

ESTABLISH NEW DIRECT DEPOSIT	CHANGE EXISTING DIRECT DEPOSIT	CANCEL BANKING EFT (PAY CARD CAN'T BE CANCELLED)	EMPLOYEE TRANSFER IN CONTINUE EXISTING DIR DEP
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE IN

SECTION B – EMPLOYEE CHOICE FOR DIRECT DEPOSIT

OPTION ONE: PROVIDE BANKING INFORMATION

SELECT ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

THE FOLLOWING 4 FIELDS MUST BE COMPLETED FOR OPTION 1

ROUTING NUMBER (MUST BE 9 DIGITS)	ACCOUNT NUMBER (AS FINANCIAL INSTITUTION REQUIRES FOR ACH)
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION TELEPHONE NUMBER ()

ATTACH A VOIDED CHECK OR SIGNED BANK LETTER VERIFICATION FOR NEW OR CHANGED ACCOUNTS.

OPTION TWO: PROVIDE PAY CARD INFORMATION

The pay card merchant will verify the information provided to identify the employee. The rules and applicable fees are in the terms and conditions of the pay card merchant. Central Bank and UMB terms and conditions can be found at <http://oa.mo.gov/acct/directdeposit.htm>. The pay card is for direct deposit of payroll funds and other deposits may be refused by the bank. By signing here, you – the employee – agree to abide by the cardholder terms and conditions.

Signature of employee choosing pay card option:

SELECT ONE: UMB PAY CARD CENTRAL BANK PAY CARD

THE FOLLOWING 4 FIELDS MUST BE COMPLETED FOR OPTION 2

EMPLOYEE ADDRESS (NUMBER, STREET NAME, APT #) NO PO BOXES

CITY	STATE	ZIP	EMPLOYEE TELEPHONE NUMBER ()	DATE OF BIRTH (m/d/yyyy)
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SECTION C – EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby authorize the Office of Administration to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above.

I understand that the Office of Administration may terminate my enrollment in the program if the State is legally obligated to withhold part of my wages for any reason or I no longer meet the eligibility requirements.

I understand as a condition of employment I am to maintain an active account for direct deposits (1 CSR 10-8.010)

I declare the forgoing to be true and complete to the best of my knowledge. Any misrepresentations or omission of fact may be cause for cancellation or termination of employment for violation of 1 CSR 10-8.010.

SIGNATURE OF EMPLOYEE	DATE (m/d/yyyy)
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SECTION D – TO BE COMPLETED BY AGENCY AFTER REVIEWING APPLICATION AND SUPPORTING DOCUMENTATION

AGENCY NAME, NUMBER AND ORG CODE	ESMT/HIRE DATE FOR NEW OR TRANSFER
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	AGENCY TELEPHONE NUMBER DATE

INSTRUCTIONS FOR COMPLETING PAYROLL AND EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT APPLICATION

SECTION A – PURPOSE OF FORM AND EMPLOYEE IDENTIFYING INFORMATION

Select the purpose of the form:

ESTABLISH NEW – This is a new application; you do not currently have direct deposit.

CHANGE EXISTING – You currently have direct deposit but are changing where your pay and reimbursements will be deposited.

CANCEL BANKING EFT – You currently have direct deposit established with a financial institution but are cancelling that direct deposit. You cannot cancel your state-offered Pay Card without changing to a financial institution.

EMPLOYEE TRANSFER IN – You have transferred to a different agency and will continue your existing direct deposit.

SOCIAL SECURITY NUMBER: Enter your 9-digit social security number

NAME: Enter your full name

SECTION B – EMPLOYEE CHOICE FOR DIRECT DEPOSIT

You must provide information for **OPTION 1 – BANK ACCOUNT OR OPTION 2 – PAY CARD**

NOTE: Non-state-offered pay cards are only accepted if they provide the state with legal recourse to recover payments made in error and provide contact information. This determination is made on a case-by-case basis. Enter the routing number and account number in Option 1.

OPTION 1: BANK, CREDIT UNION, SAVINGS AND LOAN

Select whether the account is a **CHECKING** or **SAVINGS** account.

ROUTING NUMBER: Enter the first 9-digit number printed on the bottom left-hand portion of personal check.

ACCOUNT NUMBER: Enter the series of numbers (excluding the check number) following the routing number. The check number may be printed before or after the account number. **NOTE:** The check number is not included in the account number. **SEE EXAMPLES BELOW FOR IDENTIFYING YOUR ROUTING AND ACCOUNT NUMBER.**

NOTE ABOUT CREDIT UNIONS: Credit Unions and Savings and Loan Associations may differ from the examples below regarding routing and account numbers. Please verify your depositor account number and electronic routing number with your financial institution – obtain the format they require for processing an ACH transaction.

FINANCIAL INSTITUTION NAME: Enter the name of your Financial Institution.

TELEPHONE NUMBER: Enter the telephone number of your Financial Institution.

REQUIRED ATTACHMENTS: Attach a voided personal check or signed bank verification to the application form. Your name must be pre-printed on the check; starter or counter checks are not acceptable. A bank verification must be signed by the bank and include your name as well as complete electronic routing and depositor account numbers. Deposit slips are not acceptable; they may include internal routing numbers and not the Federal Reserve routing number required for a direct deposit.

CHECK ROUTING AND ACCOUNT NUMBER EXAMPLES:

YOUR NAME PRE-PRINTED		CHECK NO. 4444
HOMETOWN USA		
PAY TO THE ORDER OF:		
121456789	8765432109812	4444

↑ Routing No. ↑ Account No. ↑ Ck. No

YOUR NAME PRE-PRINTED		CHECK NO. 4444
HOMETOWN USA		
PAY TO THE ORDER OF:		
121456789	4444	8765432109812

↑ Routing No ↑ Ck. No. ↑ Account No.

OPTION 2: PAY CARD

SIGNATURE OF EMPLOYEE CHOOSING PAY CARD OPTION: By signing, you agree to abide by the terms and conditions of the pay card provider and understand that the pay card provider must be able to verify the identifying information you provide. Terms and conditions can be found at <http://oa.mo.gov/acct/directdeposit.htm>.

Select UMB PAY CARD or CENTRAL BANK PAY CARD: You should review the terms and conditions of the cards, be aware of the fee structures and also be aware of locations where the card will be honored to provide the easiest access to your pay.

EMPLOYEE ADDRESS: Enter the street address where the pay card is to be delivered. PO Boxes are not acceptable.

CITY, STATE, ZIP: Enter the City, State, and Zip Code for the street address.

TELEPHONE NUMBER: Enter a telephone number where you can be reached.

DATE OF BIRTH: Enter your date of birth.

SECTION C – EMPLOYEE CERTIFICATION AND SIGNATURE

You must review the statements provided and sign the application. The statements may not be altered in any way.

SECTION D – TO BE COMPLETED BY AGENCY

The Agency must review the documentation provided by the employee to ensure all required information is being provided with the application. By signing, the Agency is indicating they have reviewed the application and it is ready for final processing by OA/Accounting. Applications must be signed by the Agency.