

**Department of Administration**

**OFFICE OF ACCOUNTS AND CONTROL  
One Capitol Hill, Providence, Rhode Island 02908-5883**

**EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION/CANCELLATION**

INSTRUCTIONS:

PLEASE TYPE OR PRINT IN INK. Forward the form (**with original signature - email/fax not accepted**) to the Office of Human Resources, Roberts Hall Room 303. 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 financial 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 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 will take place on the Monday following the State's normal Friday payday.
3. Please see your Office of Human Resources regarding any questions on direct deposit.

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