



**DIRECT DEPOSIT
ENROLLMENT AND CHANGE FORM
FORM OSCPXA 01**

Mid-Month or Bi-Weekly

Monthly Payroll

Payroll Unit # _____
(to be completed by Payroll Office)

<input type="checkbox"/> ENROLL me in direct deposit		<input type="checkbox"/> CHANGE my direct deposit	
Banner Number	FIRST NAME:	MI:	LAST NAME:
AGENCY OR UNIVERSITY:	WORK E-MAIL ADDRESS:	WORK PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION:

Deposit to my **CHECKING** or **MONEY MARKET** account *(my name is on this account)*

Deposit to my **SAVINGS** account *(my name is on this account)*

I am ATTACHING *(check one and STAPLE HERE)*

a **PHOTOCOPY** of a **CHECK** with my preprinted name and current address

a **CHECK** marked "**VOID**" with my preprinted name and current address

an official **BANK FORM**, certified and stamped by a banking official, which provides my account number and the bank routing number

a **DEPOSIT SLIP** for my savings account **PLUS** the bank routing number shown below:

PLEASE NOTE:

The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment **AFTER** a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office **immediately** if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.

This completed form must be received in your Agency Payroll Office no less than 15 days prior to your next pay date for the direct deposit to be effective for the next pay period.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following:

*I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is not** subject to being transferred to a foreign bank account.*

*I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is** subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.*

I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.

SIGNATURE:	DATE:
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