

wOASIS Payroll Direct Deposit Change Form

West Virginia State Auditor's Office, ePayments Division

www.wvsa.gov

PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED

First Name:

MI:

Last Name:

wvOASIS Employee ID:

SSN:

PAYROLL PRIMARY ACCOUNT CHANGE

CHANGE ACCOUNT INFORMATION FROM

BANK NAME:

Checking - Attach a voided check

ROUTING #:

Saving

ACCOUNT #:

CHANGE ACCOUNT INFORMATION TO

BANK NAME:

Checking - Attach a voided check

ROUTING #:

Saving

ACCOUNT #:

 PAYROLL SECONDARY ACCOUNT(S) If you have more than two secondary accounts, please complete an additional form.

CURRENT ACCOUNT INFORMATION ON FILE

BANK NAME:

Checking - Attach a voided check Change acct info from

ROUTING #:

Saving Change Amt only

ACCOUNT #:

Dollar Amt:

CHANGE ACCOUNT INFORMATION TO

BANK NAME:

Checking - Attach a voided check

ROUTING #:

Saving

ACCOUNT #:

Dollar Amt:

WV OASIS Payroll Direct Deposit Change Form

West Virginia State Auditor's Office, ePayments Division
www.wvsa.gov

PAYROLL SECONDARY ACCOUNT(S) CONTINUED

CURRENT ACCOUNT INFORMATION ON FILE

BANK NAME:

Checking - Attach a voided check

Change acct info from

ROUTING #:

Saving

Change Amt only

ACCOUNT #:

Dollar Amt:

CHANGE ACCOUNT INFORMATION TO

BANK NAME:

Checking - Attach a voided check

ROUTING #:

Saving

ACCOUNT #:

Dollar Amt:

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake, omission or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Print Name:

Employee Signature:

Date:

To be completed by the State Agency Payroll Department

State Agency:

Phone:

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

Payroll Representative's Signature:

Date:

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.