



# Payroll Direct Deposit Setup Form

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

**PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED**

FIRST NAME:  MI:  LAST NAME:

wvOASIS  
EMPLOYEE ID:

SSN:



**Payroll Primary Account:**

BANK NAME:

ROUTING #:

ACCOUNT #:

☐ Checking - Attach a voided check

☐ Saving



**Payroll Secondary Account(s):** If you have more than two secondary accounts, please complete an additional form

BANK NAME:

ROUTING #:

ACCOUNT #:

☐ Checking - Attach a voided check

☐ Saving

Dollar Amount

BANK NAME:

ROUTING #:

ACCOUNT #:

☐ Checking - Attach a voided check

☐ Saving

Dollar Amount

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.

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: \_\_\_\_\_