

**COMMONWEALTH OF VIRGINIA  
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

**Employee Full Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_

**Authorization and Signature (required for processing)**

I authorize the Commonwealth of Virginia to deposit my pay directly into the bank account(s) listed below and non-payroll deposits into the net account listed below. I accept responsibility for the accuracy of the account and routing numbers provided and I agree to immediately notify my employer of any changes. I affirm that I am an owner on all accounts listed and agree that funds will be distributed across them as indicated, that my bank(s) is authorized to debit my account if funds are deposited incorrectly, and that I am responsible for any fees or delays if I provide incorrect information. I also agree to inform my employer if I set up a standing order to forward my direct deposit to an overseas bank as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense.

**Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office notice at least five business days prior to payday.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Attach account number documentation for each new account number. Indicate priority for flat amount deposits to the Way2Go card and list all other checking or savings accounts in order of priority.**

**This form REPLACES ALL EXISTING RECORDS - LIST ALL DESIRED ACCOUNTS.**

**NET Direct Deposit to the following account (required; only one Net account permitted):**

<input type="checkbox"/>	_____	_____	_____	<b>NET</b>	<input type="checkbox"/> Checking
	<b>Name of Financial Institution</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount</b>	<input type="checkbox"/> Savings

**NET Direct Deposit to the Way2Go card**

\* \* \* \* \*

**FIXED AMOUNT Direct Deposit to the following accounts:**

_____	_____	_____	_____	<input type="checkbox"/> Checking
<b>Name of Financial Institution</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount</b>	<input type="checkbox"/> Savings

_____	_____	_____	_____	<input type="checkbox"/> Checking
<b>Name of Financial Institution</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount</b>	<input type="checkbox"/> Savings

_____	_____	_____	_____	<input type="checkbox"/> Checking
<b>Name of Financial Institution</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount</b>	<input type="checkbox"/> Savings

_____	_____	_____	_____	<input type="checkbox"/> Checking
<b>Name of Financial Institution</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount</b>	<input type="checkbox"/> Savings

_____	_____	_____	_____	<input type="checkbox"/> Checking
<b>Name of Financial Institution</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount</b>	<input type="checkbox"/> Savings

<b>Comerica Bank</b>	<b>072000096</b>	_____	_____	<input type="checkbox"/> Way2Go
<b>Name of Financial Institution</b>	<b>Routing Number</b>	<b>Priority</b>	<b>Amount</b>	

**For Agency Use (required):**

**Document Control** \_\_\_\_\_

**Request confirmed with EE by (check at least one, verification by email is not permitted):** \_\_\_\_

\_\_\_\_\_ form personally delivered by EE

\_\_\_\_\_ Confirmed with EE by phone

Form received and verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_