

SPECIAL NOTE

Additional guidance regarding direct deposit can be found online at <http://doa.alaska.gov/dof/payroll/directdeposit.html>.

This form does not set up payments made to you in IRIS Financial for direct deposit. To have these payments go direct deposit, you must fill out the State of Alaska Electronic Payment Agreement form for State Employee Reimbursements at this link: http://doa.alaska.gov/dof/forms/resource/EDI_agreement_StateEE.pdf

COMPLETION INSTRUCTIONS FOR THE STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

Enter Employee ID, Name, and Department

NET PAY DEPOSIT

To deposit all net dollars from each pay warrant for each pay period. Dollars can be transferred to any ACH participating Financial Banking Institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic NET deposit.
- **Change** – you wish to change an existing electronic NET deposit such as a new financial institution, account number, or account type.
- **Cancellation** – you wish to cancel an existing electronic NET deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic NET deposit. Mark this box if you are making an authorization in the flat amount deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and the account number.

Indicate either **Savings or Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

FLAT AMOUNT DEPOSIT

A set flat amount of money can be electronically deposited into any ACH participating financial institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic flat amount deposit.
- **Change** – you wish to change an existing electronic flat amount deposit. A new banking institution, account number, account type, or dollar amount.
- **Cancellation** – you wish to cancel an existing electronic flat amount deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic flat amount deposit. Mark this box if you are making an authorization in the NET deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and the account number.

Enter the dollar amount – Enter the dollar amount to be deducted from the appropriate pay period.

Indicate either **Savings or Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

Frequency. Indicate how often the flat amount should be deducted and electronically transferred. Note that all months have at least two (2) paydays; however, some will have a third.

ADDITIONAL INFORMATION

State of Alaska employees can view the current account details for their direct deposit setup through the [IRIS Employee Self-Service \(ESS\) Portal](#) under the ***Manage Direct Deposit*** quick link. This information will update once the Division of Finance has processed your request.

Please allow **up to two pay periods** for processing a new deposit or change to take effect. If you are changing to the flat dollar amount only, no pre-note will be necessary, and no delay in electronic deposits will occur. After setup, a pre-note process is initiated where information regarding your account is sent to the banking institution, but no monies are sent. During this verification process, any pay will be issued to you with a paper payroll warrant.

Once verified, your NET pay will be sent electronically, and your warrant stub will be available online through the [IRIS Employee Self-Service \(ESS\) Portal](#) under the ***Pay/W-2 Information*** quick link.

Sign and date the form. Submit the completed form to doa.dof.pr.directdeposit@alaska.gov.

STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

- To submit this form for processing, it **must** be emailed to doa.dof.pr.directdeposit@alaska.gov. It may take up to two (2) pay periods for new direct deposit accounts to take effect. Refer any questions regarding the processing or timing of direct deposit to this address as well. *(For Legislative Affairs employees, direct forms and questions to personnelgroup@akleg.gov)*
- To verify identity, this form **MUST** be submitted from the employee's own State of Alaska email account **-OR-** be accompanied by a copy of a government-issued ID (Passport, Driver's License, State ID, Native American Tribal ID, etc.).
- To verify the accuracy of account information for new deposit accounts, you **MUST** attach documentation that displays the account and routing number. Examples include a voided check, account statement, or screenshot of online account information.
- **Failure to provide the required documentation will result in your form not being processed.**
- Direct deposit to foreign financial institutions is not allowed.

EMPLOYEE ID NUMBER:	DEPT #:	NAME:
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NET PAY DEPOSIT:	Initial Authorization	Change	Cancellation	No Change
Financial Institution Name _____	CHECK ONLY ONE			
Institution Transit Routing Number _____	SAVINGS			
Account Number _____	CHECKING			

FLAT AMOUNT DEPOSIT:	Initial Authorization	Change	Cancellation	No Change
Financial Institution Name _____	CHECK ONLY ONE			
Institution Transit Routing Number _____	SAVINGS			
Account Number _____	CHECKING			
Amount of Deduction _____				

FREQUENCY OF FLAT AMOUNT (CHECK ONLY ONE):		
1st PAYCHECK ONLY	First scheduled payday each month.	<i>(12 times per year)</i>
2nd PAYCHECK ONLY	Second scheduled payday each month.	<i>(12 times per year)</i>
1st & 2nd PAYCHECKS ONLY	The third paycheck will be skipped in months with 3 scheduled paydays.	<i>(24 times per year)</i>
ALL PAY PERIODS	All scheduled paydays, including the third paycheck in months with 3 paydays.	<i>(26-27 times per year)</i>

I hereby authorize the State of Alaska to make payroll deposits to my account(s) as indicated above.

I also authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account I have indicated above. I understand the State will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account. This authority is to remain in full force and effect through the duration of my employment with the State of Alaska or until the State of Alaska has received written notification from me. I understand I must notify the State immediately and complete a new authorization form if I change financial institutions, account numbers, or type of account. Any alteration or unauthorized addition invalidates this form.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately. If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

SIGNATURE:	DATE:
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