



# STATE OF ARIZONA- AUTHORIZATION FOR DIRECT DEPOSIT

State Policy, authorized by A.R.S. §23-351.D.5, requires all employees to participate in the direct deposit/payroll card program.

**SUBMIT FORM TO YOUR AGENCY'S PAYROLL DEPARTMENT**

AGENCY ID	EMPLOYEE IDENTIFICATION NUMBER (EIN)	EMPLOYEE NAME (PRINT)

## DIRECT DEPOSIT

ACTION	ESTABLISHED BANK ACCOUNT INFORMATION			ACCOUNT TYPE	AMOUNT TO DEPOSIT	TIMES PER YEAR
A = ADD C = CHANGE S = STOP K = KEEP	NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER	C = CHECKING S = SAVINGS	FIXED AMOUNT OR NET PAY (Select only 1 NET PAY)	24 = TWICE MONTHLY 26 = EVERY PAY DAY
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

The Routing Number is a nine (9) digit field located in the lower left corner of your check. The Account Number and check number follow the Routing Number.

### ATTACH HERE

For a new account, please attach a statement or photocopy from your financial institution showing Your Name, the Routing Number and Account Number. Alternately, if the new account is a checking account, you can attach a VOID check that shows your name and address.

I certify I am an authorized signer for any account(s) I am adding or changing. I authorize the State of Arizona and the financial institution to process CREDIT OR DEBIT ENTRIES AND ADJUSTMENTS to the bank account number(s) stated on this form. I will notify the State of Arizona of any known changes or closures of these account(s). When the State of Arizona is notified by my financial institution of changes affecting this direct deposit, the State of Arizona is authorized to make the applicable changes. This authorization is to remain in effect until a new authorization is received.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

## Arizona Way2Go Payroll Card (Default payment method if no direct deposit is designated above)

SIGN ME UP FOR AN ARIZONA Way2Go PAYROLL CARD     I ALREADY HAVE AN ARIZONA Way2Go PAYROLL CARD     I DO NOT WANT A PAYROLL CARD

ACTION	Arizona Way2Go Payroll Card			ACCOUNT TYPE	AMOUNT TO DEPOSIT	TIMES PER YEAR
	(IF YOU DO NOT HAVE AN ARIZONA Way2Go PAYROLL CARD, LEAVE THE ROUTING NUMBER AND ACCOUNT NUMBER BLANK AND GAO CENTRAL PAYROLL WILL ESTABLISH AN ACCOUNT FOR YOU)					
A = ADD C = CHANGE S = STOP K = KEEP	NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER	C = CHECKING S = SAVINGS	FIXED AMOUNT OR NET PAY (Select only 1 NET PAY)	24 = TWICE MONTHLY 26 = EVERY PAY DAY
	COMERICA BANK				<input type="checkbox"/>	

By accepting and using my Arizona Way2Go Payroll Card, I acknowledge that I agree to be bound by the Terms of Use in the Arizona Way2Go cardholder agreement. I authorize The State of Arizona to process CREDIT OR DEBIT ENTRIES AND ADJUSTMENTS to my Arizona Way2Go account. When the State of Arizona is notified by the State's servicing bank of changes affecting my account, the State of Arizona is authorized to make the applicable changes. This authorization is to remain in effect until a new authorization is received. Pursuant to requirements of law, Conduent is obtaining information including name, physical address, home phone, date of birth, social security number from my employer and will take necessary actions to verify my identity. I understand the Arizona Way2Go Payroll Card will be sent to my mailing address of record. I understand I can change my mailing address by visiting [HTTP://YES.AZ.GOV](http://YES.AZ.GOV) before submitting this form.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

## AGENCY USE ONLY

The employee is being involuntarily signed up for a payroll card pursuant to State Policy. Deposit amount will be net pay every payday.

\_\_\_\_\_  
AGENCY SIGNATURE

\_\_\_\_\_  
DATE

### AGENCY REVIEW & ENTRY INTO HRIS

AGENCY NAME	ENTRY PERSON NAME & EIN	ENTRY PERSON PHONE NUMBER	DATE ENTERED	DATE EFFECTIVE
AGENCY NAME	REVIEWER'S NAME & EIN	REVIEWER'S PHONE NUMBER	DATE VERIFIED	ACCOUNT VERIFIED