

**PAYROLL AUTHORIZATION FOR DIRECT DEPOSIT
INTO EMPLOYEE'S ACCOUNT/ACCOUNTS
TREASURER AND RECEIVER GENERAL**

SECTION 1: Employee Information

Employee Name: _____ Employee I.D.: _____

SECTION 2: Direct Deposit Information (fill in as necessary)

Instructions: Direct deposits are distributed to accounts in order of the priority starting with priority '1'. The total of the percentages can not exceed 100%. Designate one (and only one) account to receive any excess funds left over after all direct deposits are processed. Check 'Partial Allowed?' to allow the direct deposit amount to be less than the amount entered in the 'Amount' or 'Percent of Net Pay' fields.

If you are adding a new account, please list this along with all existing accounts in the order of priority

Priority	Amount	Percent of Net Pay	Excess? (check one)	Partial (Allowed)	*Transit Number	Account Number	Checking/Savings	L/A**	NEW	CHANGE	DEL ***
1	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	\$ _____ or _____%	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: Sign and Return to Your Payroll Coordinator

- I choose to receive my bi-weekly payroll advice through the Commonwealth PayInfo website www.PayInfo.state.ma.us (available 24 hours). No bi-weekly paper copy will be issued to me by my employer.
- I hereby authorize my employer, through the State Treasurer, to deposit my net pay and/or distributions to the Financial Institution/Institutions listed above. My employer, through the State Treasurer, is also authorized to debit any over deposit or error, which it has caused to be made to my account. The State Treasurer or the employee may cancel this authorization any time with proper notice to the Personnel/Payroll Office. In the absence of bank documentation, my signature certifies the Transit Number(s) and Account Number(s) indicated above are correct as shown.

Employee Signature: _____ Date: _____ Employee Work Phone: _____

* **NOTE:** to find the transit numbers, contact your financial institution for help.

** **LEAVE ALONE**

*** **DELETE**