



## STATE OF ARIZONA- AUTHORIZATION FOR DIRECT DEPOSIT

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	NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER	C = CHECKING S = SAVINGS	FIXED AMOUNT OR PAY NET AMOUNT OR PAY (Select only 1 NET PAY)	24 = TWICE MONTHLY 26 = EVERY PAY DAY
		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]			[ ]	
		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]			[ ]	
		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]			[ ]	
		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]			[ ]	
		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]			[ ]	

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 savings account, please attach a statement from your financial institution showing the Routing Number and Account Number. For a new checking account, please attach a "VOID" check. Checks without your name and address cannot be accepted.

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

### CASHPAY VISA PAYROLL CARD (OPTIONAL)

SIGN ME UP FOR A CASHPAY CARD     
  I ALREADY HAVE A CASHPAY CARD     
  I DO NOT WANT A CASHPAY CARD

ACTION	BANK OF AMERICA CASHPAY ® CARD ACCOUNT <small>(IF YOU DO NOT HAVE A CASHPAY ACCOUNT, LEAVE THE ROUTING NUMBER AND ACCOUNT NUMBER BLANK AND GAO CENTRAL PAYROLL WILL ESTABLISH AN ACCOUNT FOR YOU)</small>			ACCOUNT TYPE	AMOUNT TO DEPOSIT	TIMES PER YEAR
A = ADD C = CHANGE S = STOP	NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER	C = CHECKING S = SAVINGS	FIXED AMOUNT OR PAY NET AMOUNT OR PAY (Select only 1 NET PAY)	24 = TWICE MONTHLY 26 = EVERY PAY DAY
	Bank of America	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]		C	[ ]	

By accepting and using my CashPay card, I acknowledge that I agree to be bound by the terms and conditions in the CashPay Cardholder Agreement. I authorize The State of Arizona to process CREDIT OR DEBIT ENTRIES AND ADJUSTMENTS to my CashPay account. When the State of Arizona is notified by Bank of America 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, including the USA PATRIOT Act, Bank of America is obtaining information including name, physical address, home phone, date of birth, country of citizenship or residency and identification number (such as social security number) from my employer and will take necessary actions to verify my identity. I understand the CashPay card will be mailed to my address of record. I understand I can change my address by visiting [HTTP://YES.AZ.GOV](http://YES.AZ.GOV) before submitting this form.

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

\_\_\_\_\_  
DATE

**AGENCY USE ONLY**

AGENCY: To setup a CashPay card account:      1. Scan & email this signed form to [Central.Payroll@AZDOA.GOV](mailto:Central.Payroll@AZDOA.GOV)  
 OR 2. Fax to 602-364-2215. GAO confirmation email to be sent to: \_\_\_\_\_

AGENCY EMAIL ADDRESS

**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	CASHPAY VERIFIED