

Directions for Completion of COVA Direct Deposit Form

Completed by employee:

- 1.) A separate form must be completed for each account
- 2.) All required fields must be completed:
 - a. Agency Name
 - b. Employee Name (must be on the account)
 - c. Employee Number
 - d. Employee Address
 - e. Financial Institution Name
 - f. Routing Number – employees are responsible for providing correct information on this form for both routing and account numbers
 - g. Account Type – direct deposits must be sent to either a **checking account or a savings account**
 - h. New or Change or Stop – use “New” only if this is the initial request for this account number, “Change” if the amount of the deposit is changing or “Stop” if you wish to discontinue this deposit completely
 - i. Amount – only one account number is permitted for NET pay. **The same set of direct deposit accounts (including deposits made to Commonwealth Savers Plan) is used if performing work for multiple agencies and/or when employee receives separate payments from the same agency.** Up to 10 splits are permitted (one must be Net Pay – do not use 100% in Fixed Amount) in any combination of **checking or savings** accounts.
- 3.) Documentation is required to verify routing and account numbers, i.e., voided check, account identification card, direct deposit instructions provided by the bank – please note that this does not replace COVA Direct Deposit form
- 4.) Sign and date the form
- 5.) Submit completed form in person or through secure means to your agency HR or Payroll office for processing. Do not email unless encrypted.

Agency Use:

- 1.) Required - Agency is responsible for validating legitimacy of request and must complete the Agency Use section to document (do not use email to verify)
- 2.) Optional - Document Control Number – for agencies who wish to track forms distributed to employees for completion.
- 3.) Required - Agency is responsible for determining if a new or rehired employee has valid existing direct deposit records still active in HCM. If the existing account information is no longer valid, employee must provide form(s) to stop the existing record(s). Agency must check the box in Agency Use to certify records have been reviewed. If not a new or rehired employee, indicate “N/A”.
- 4.) If this form is shared electronically, please consider the use of the Document Control Number; regardless, do not post forms in public environments.
- 5.) Agency payroll staff are responsible for correctly entering information provided on the form in a timely manner. All data entry should be reviewed for accuracy.

**Commonwealth of Virginia
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

Agency Name: _____

Name (First, Middle Initial, Last)	Employee Number
Street Address	City, State and Zip

Financial Institution Name (Required even if institution is not changing) _____																			
Routing Number (Required even if institution is not changing) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>																			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> NEW or <input type="checkbox"/> CHANGE or <input type="checkbox"/> STOP																			
Amount (Check one): <input type="checkbox"/> NET OR <input type="checkbox"/> Fixed Amount, \$ _____																			
Account Number (Attach voided check or other confirmation of account number) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>																			

Authorization and Signature (required for processing)

I authorize my employer to deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my accounts as indicated. I am responsible for ensuring the accuracy of the routing number, account number and type of account information provided on this form and I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. **I understand that each payroll payment made to me by the Commonwealth will be distributed among ALL of the accounts listed on my direct deposit record.** I agree that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the deposit. I understand that in the event my financial institution is unable to deposit any electronic transfer into my account due to any action I take (to include providing incorrect information); that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds have been returned to my employer by my financial institution which may take up to four days.

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 for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

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 days prior to payday.

Employee Signature

Date

For Agency Use (required): _____ This employee is a new or rehired employee and existing direct deposit records have been verified with the employee in on-boarding.	Document Control # _____
Request confirmed with EE by (check at least one): _____ form personally delivered by EE; _____ Confirmed with EE by phone; OR _____ EE state badge or driver's license verified (do not use email to verify)	
Form received and verified by: _____ Title: _____ Date: ____/____/____	

Updated by: _____ Date: ____/____/____ Reviewed by: _____ Date: ____/____/____