

EMPLOYEE DIRECT DEPOSIT

For Payroll and Expense Reimbursement

Sign Up Now!

Sign up online at the SD
Employee/Manager Self Service Center,
<http://www.state.sd.us/ess>

Or

Complete the direct deposit form and
return it to your personnel
representative.

EMPLOYEE'S AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the state of South Dakota to initiate direct deposit of my payroll/reimbursement check into the depository (ies) which I have indicated below, and to initiate any debit or credit entries to my account that may be needed to correct any errors that have occurred. (**NOTE: Financial Institution #1 will be your default account.**)

MANDATORY NET ACCOUNT (DEFAULT for Payroll and Expense Reimbursement)	
1 Financial Inst:	Address:
Transit ABA No.:	City State
() Checking or () Savings Account No.	
Deduction Amt: NET AMOUNT	
OR Send me a Payroll Card for my NET amount _____ (Check here and leave above blank)	
OPTIONAL ACCOUNT	
2 Financial Inst:	Address:
Transit ABA No.:	City State
() Checking or () Savings Account No.	
Deduction Amt: \$ OR %	
OR Send me a Payroll Card for this amount \$	
OPTIONAL ACCOUNT	
3 Financial Inst:	Address:
Transit ABA No.:	City State
() Checking or () Savings Account No.	
Deduction Amt: \$ OR %	
OPTIONAL ACCOUNT	
4 Financial Inst:	Address:
Transit ABA No.:	City State
() Checking or () Savings Account No.	
Deduction Amt: \$ OR %	

Please attach a voided check (s) to ensure accurate account information.

* New direct deposit accounts go through a pre-notification process where a zero amount transaction is sent through the system to verify bank and account information. Until this process is completed, you will receive a negotiable check. If you have questions concerning this process, contact your personnel representative.

**Send my payroll and reimbursement e-stub to my email address.

⇒ **E-Mail:** _____
Your e-mail address can be other than your work e-mail address. Use a semi-colon to separate multiple addresses. Ex. John.doe@state.sd.us; xxxx@xxx.xxx

Name (Print): _____

Signature: _____

SSN: _____ **EMP#:** _____ **Date:** _____