

DAS-SAE CENTRALIZED PAYROLL

AUTOMATIC DEPOSITS
AND CREDIT UNIONS

REVISED MARCH 2016

**DAS-SAE
CENTRALIZED PAYROLL
AUTOMATIC DEPOSITS AND CREDIT UNIONS**

Agreements for automatic deposits are required to be retained by DAS-SAE-Centralized Payroll for the duration of the employee's employment with the state. Any time an employee starts, changes, or stops a direct deposit; an Agreement for Automatic Deposits (example 1 below) form must be filled out and signed by the employee. The top copy with the original signature must be received by DAS-SAE-Centralized Payroll. We can approve the HRIS P1 document based on a faxed copy, but must have the original in our file.

The Department Human Resource should:

1. Review the form to ensure all needed information is filled out and the form is signed.
2. If the form is to start a direct deposit for the first time, check the social security number on HRIS Employee Information to the social security number on the agreement form to ensure the numbers match. If the social security number does not match DAS-SAE can run a query against the SSA if the social security number needs to be verified.
3. If the form is to start or change a direct deposit, the appropriate box must be checked, along with the type of financial institution (bank/credit union); the bank information including ABA and account number, and the form must be signed and dated by the employee. The department personnel associate initiates the P1 type 249 Automatic Deposit Change to enter this information.
4. The department Human Resource associate should write the P1 number and full pay period effective date on the bottom right corner of the agreement document.
5. A copy of the voided check should be attached to the agreement form. If a copy of a deposit slip is attached to the form, the PA must follow-up with the employee, since ABA numbers on deposit slips can be different than the ABA number on the check.
6. ABA numbers are only 9 numbers long and typically start with a 0, 1, or 2. For automatic deposits to prepaid cards the beginning number may be different.
7. Only 1 bank account/Credit Union account can be selected for direct deposit
8. The SAE Centralized Payroll direct deposit forms for employees pay are different than the direct deposit form used for I/3 vendors. If you need to set up direct deposit for an employee in I/3, you can send a copy of the P1 #249 to EFT Coordinator. Do not have your employee fill out the EFT authorization form that is found on the DAS website. (example 3 below)
9. If a temporary employee terminates in one pay period, and then is reemployed the next pay period, the employee either needs to fill out a new agreement for automatic deposit, or notify SAE Centralized Payroll. The form on file can be pulled and updated for the new pay period effective date and P1 number.

**DAS-SAE
CENTRALIZED PAYROLL
AUTOMATIC DEPOSITS AND CREDIT UNIONS**

Credit Unions:

An original or copy of the credit union form is needed to approve P1 #304 Credit Union Deductions. Forms vary from Credit Union to Credit Union. Only one deduction to a Credit Union can be keyed. Currently, the valid Credit Unions that employees can have deduction are:

-----DESCRIPTION AND SYNONYMS-- NO CREDIT UNION DEDUCTION COMMUNITY CHOICE CU, 01 GREATER IOWA CREDIT UNION, 02 CAPITOL VIEW CREDIT UNION, 03 MEMBERS 1ST CREDIT UNION, 05 U OF I CREDIT UNION, 06 PUBLIC EMPL CREDIT UNION, 07 ITS CREDIT UNION, 10 NORTH STAR COMM CU, 13 COMM 1ST CREDIT UNION, 14 MHI-INDEPEN EMPL CU/VERIDIAN, 15 DSM POLICE OFFICERS CU, 16

Examples of a few Credit Union forms are shown below in examples 1 & 2

**DAS-SAE
CENTRALIZED PAYROLL
AUTOMATIC DEPOSITS AND CREDIT UNIONS**

Example 1

AGREEMENT FOR AUTOMATIC DEPOSITS

Name (Print) _____ Social Security No. _____

☐ TO STOP: I hereby terminate my authorization for automatic deposits. This will be effective on receipt of this authorization by the Department of Administrative Services.

☐ TO START: Your direct deposit will be effective with the first full pay period after receipt of this authorization by the Department of Administrative Services.

☐ TO CHANGE: Your direct deposit will be effective on receipt of this authorization by the Department of Administrative Services.

To Start or Change: I hereby authorize the State of Iowa to pay my regular bi-weekly salary payment directly to my:

☐ Bank (checking) ☐ Savings & Loan (checking) ☐ Credit Union (checking)

☐ Bank (savings) ☐ Savings & Loan (savings) ☐ Credit Union (savings)

identified below and I additionally authorize the depository to credit the deposits to my account.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Bank Transit/ABA No. _____ Account No. _____

DEPT. NAME _____ SIGNATURE _____ DATE _____

SEE DISCLAIMER ON REVERSE SIDE OF THIS FORM

Form DD-2 91-107 (10/03) 625-5326

CENTRAL PAYROLL

COMMUNITY CHOICE CREDIT UNION C.U. CODE 01

PAYROLL REQUEST C.U. Acct. # _____

Name: _____

Last First Middle

Address: _____

Street/RFD Apt # City State Zip

EQUAL AMOUNTS - ALL CHECKS - WHOLE DOLLARS

Soc. Sec. No. _____

Date _____

Work Phone

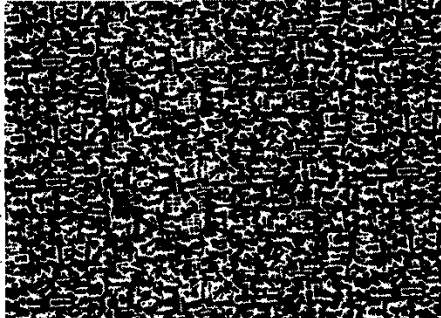
Payroll Dept. / Region

X _____

Signature of Member

Processed by _____

Eff. Date _____



TOTAL _____ 00

CENTRAL PAYROLL

Central Payroll is authorized to deduct total amount from my pay until cancelled by me in writing or by termination

**DAS-SAE
CENTRALIZED PAYROLL
AUTOMATIC DEPOSITS AND CREDIT UNIONS**

Example 2

Community 1st Credit Union - PAYROLL DEDUCTION AUTHORIZATION
CREDIT UNION CODE #

NAME (Last)	(First)	(MI)	C.U. MEMBER NUMBER
DEPARTMENT		SOCIAL SECURITY NUMBER	


I HEREBY AUTHORIZE the State Comptroller to deduct the following amounts,
effective _____, and this authorization will continue in effect until cancelled by
me in writing, or termination of my employment.

1 ST PAYCHECK ONLY	2 ND PAYCHECK ONLY	1 ST AND 2 ND PAYCHECKS ONLY	ALL PAYCHECKS ONLY
-------------------------------	-------------------------------	--	--------------------

THE ABOVE DEDUCTION IS TO BE APPLIED AS FOLLOWS:

C.U. APPROVAL: _____ MEMBER SIGNATURE: _____ DATE: _____

DISTRIBUTION: - FIRST COPY - CREDIT UNION --- SECOND COPY - MEMBER --- THIRD - COMPTROLLER --- FOURTH - PAYROLL
O.P.C. 5317

 **CAPITOL VIEW**
Credit Union **PAYROLL DEDUCTION AUTHORIZATION**
CREDIT UNION CODE #3

NAME (Last)	(First)	(MI)	C.U. MEMBER NUMBER
DEPARTMENT		SOCIAL SECURITY NUMBER	

I HEREBY AUTHORIZE the State Comptroller to deduct the following amounts,
effective _____, and this authorization will continue in effect until cancelled by me in
writing, or termination of my employment.

1 ST PAYCHECK ONLY	2 ND PAYCHECK ONLY	1 ST & 2	ALL PAYCHECKS
-------------------------------	-------------------------------	---------------------	---------------

C.U. APPROVAL: _____ MEMBER SIGNATURE: _____ DATE: _____

DISTRIBUTION: -- FIRST COPY-CREDIT UNION --- SECOND COPY-COMPTROLLER --- THIRD COPY-PAYROLL

DAS-SAE
CENTRALIZED PAYROLL
AUTOMATIC DEPOSITS AND CREDIT UNIONS

Example 3

Direct Deposit Authorization Form



Iowa Department of Administrative Services

Service • Efficiency • Value

SECTION 1 – TRANSACTION TYPE

ARE YOU ADDING, CHANGING OR CANCELING THIS AGREEMENT?	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL
<small>1) The agreement represented by this authorization remains in effect until canceled by the payee and until such time, payments made by the State of Iowa to you will be deposited into the account at the financial institution designated below. 2) You are required to submit a new form for any change in banking designation or to cancel this authorization and revert to a state warrant. 3) It is your responsibility to notify the State of Iowa any time an account is closed. 4) An add or change in EFT status will be effective ten business days after entry into the State's accounting system. 5) A cancellation will become effective immediately after entry into the State's accounting system.</small>			

SECTION 2 – BUSINESS / INDIVIDUAL IDENTIFICATION INFORMATION

BUSINESS / INDIVIDUAL LEGAL NAME _____ <small>Name Tax ID is Assigned To and Used for Tax Reporting</small>		
BUSINESS NAME _____ <small>DBA (Doing Business As) if Different than Legal Name</small>		
SSN _____ <small>Social Security Number</small>	OR	FEIN _____ <small>Federal Employee ID Number</small>
MAILING ADDRESS _____ <small>Address to be used in case of Default to Check</small>		
CITY _____	STATE _____	ZIP _____

SECTION 3 – BANKING INFORMATION

<small>Section 3 <u>requires</u> one of three items: 1) A voided check or copy of enrollment confirmation if a pre-paid card, or 2) The financial institution must complete the representative box within Section 3, or 3) The financial institution must supply a bank account verification letter.</small>	
Not For Employee Use!	
FINANCIAL INSTITUTION NAME _____	
FINANCIAL INSTITUTION ADDRESS _____	
CITY _____	STATE _____ ZIP _____
NAME ON ACCOUNT _____	
ROUTING TRANSIT NUMBER _____	
CUSTOMER ACCOUNT NUMBER _____	
REQUIRED IF REQUESTING A CHANGE: OLD Routing Number: _____ OLD Account Number _____	
I have verified the signature(s) and account numbers above. The Financial Institution is ACH capable and will comply with NACHA rules.	
REPRESENTATIVE NAME _____ REPRESENTATIVE TITLE _____	
SIGNATURE _____	
DATE _____ PHONE NUMBER _____	

SECTION 4 – REQUIRED VENDOR AUTHORIZATION FOR ADD, CHANGE OR CANCELATION

<small>I hereby authorize the Department of Administrative Services to deposit payments from the State of Iowa to the account designated on this form and to initiate any adjustments or debit entries to this account for any erroneous deposits in the amount of the error only. I also understand that the State of Iowa can only deposit funds into one financial institution and account. I certify that I am authorized to enter into this agreement as the account holder or on behalf of the account holder.</small>		
AUTHORIZED NAME _____	TITLE _____	DATE _____
SIGNATURE _____		PHONE NUMBER _____

Mail or Fax Completed Form to: Dept. Admin Services-State Accounting Enterprise

Fax Number
(515) 281-5255

Attn: EFT Coordinator
Hoover State Office Building, 3rd FL
Des Moines, Iowa 50319

Phone Number
(515) 281-0246

Updated 07/2014