	State of Oklahoma, Oklahoma Department of Transportation	**For Official Use Only** CORE ID _____ Eff Date: _____ Payroll Entry _____ Payroll Audit _____ Date _____ Date _____

AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by State and higher Education Employees in communicating their direct deposit information.

Social Security Number		**Name**	

I hereby authorize the State of Oklahoma, as per the Oklahoma State Employee's Direct Deposit Act, 74:292.10 to:

☐ ADD	PAYROLL – Deposit my payroll warrant in my account as indicated below
☐ REMOVE	PAYROLL – I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit
☐ CHANGE	PAYROLL – Change to current direct deposit

If monies to which I am not entitled are deposited to my account, I authorize the State of Oklahoma to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by my employing agency will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT		☐	Checking	☐ Savings
Financial Institution Name				☐ Pay Card
City			**State**	

This authority is to remain in full force and effect until: **(A)** I give my employer written notice using this form (OPM-73) to terminate this direct deposit agreement, **(B)** I fail to utilize payroll direct deposit for 365 days, at which time this agreement will expire, **(C)** The event of my death, at which time this agreement expires immediately, upon notification. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address					
City		**State**		**Zip**	
Home Phone #		**Work Phone #**			
Employing Agency	Okla Dept of Transportation	**Division**			
Signature		**Date**			

I understand that while a change of enrollment is in process I may, in fact, receive a warrant instead of an electronic transfer.

If this is an initial enrollment or bank routing and/or account number change please attach a **voided check** or an **official document** from your financial institution showing the financial institution's routing number and your account number.

A signed form must be on file with the employer.

Employee: Please submit completed form to your Division Payroll Liaison.

Division Payroll Liaison: Please mail the completed form to the address below.

ODOT, Human Resources Division
Attention: Payroll
200 N.E. 21st St.
Oklahoma City, OK 73105

ATTACH CHECK HERE

OPM-73 (5-22-07)