



STATE COMPTROLLER PAYROLL DIRECT DEPOSIT

State Form 43591 (R17 / 6-23)
Approved by State Comptroller
Approved by State Board of Accounts

You must attach a voided check or a document from the financial institution containing the routing number and account number unless you are only changing the amount or percentage of an existing active account.

Please check this box if your direct deposit will be automatically forwarded to a bank in another county.

SECTION 1: AUTHORIZATION

Name (last, first, middle initial) _____ Company Name (SOI, MVC, ISM, LOT) _____ Paygroup _____ Business Unit _____
Address _____ PeopleSoft Identification Number _____

SECTION 2: DIRECT DEPOSIT #1 (Primary - Remaining Balance)

Type of Account: ☐ Checking ☐ Savings
☐ New Enrollment
☐ Change of Existing Account
Prior Routing number (9 digits) _____
Prior Account number _____
Name of Financial Institution _____
Routing Number _____
Account Number _____

SECTION 3: DIRECT DEPOSIT #2

Type of Account: ☐ Checking ☐ Savings
Amount \$ _____ or Percent % _____
☐ New Enrollment
☐ Change of Existing Account
Prior Routing number (9 digits) _____
Prior Account number _____
Name of Financial Institution _____
Routing Number _____
Account Number _____

SECTION 4: DIRECT DEPOSIT #3

Type of Account: ☐ Checking ☐ Savings
Amount \$ _____ or Percent % _____
☐ New Enrollment
☐ Change of Existing Account
Prior Routing number (9 digits) _____
Prior Account number _____
Name of Financial Institution _____
Routing Number _____
Account Number _____

SECTION 5: DIRECT DEPOSIT #4

Type of Account: ☐ Checking ☐ Savings
Amount \$ _____ or Percent % _____
☐ New Enrollment
☐ Change of Existing Account
Prior Routing number (9 digits) _____
Prior Account number _____
Name of Financial Institution _____
Routing Number _____
Account Number _____

☐ By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME _____ STATE E-MAIL _____ TELEPHONE _____

AUTHORIZED SIGNATURE _____ DATE (month, day, year) _____

INFORMATION AND INSTRUCTIONS:

1. *You may elect up to four (4) direct deposit accounts and must have a primary/remaining balance direct deposit account in order to have an additional direct deposit account.*
2. *Fill out section 1 and attached a voided check or a document from the financial institution containing the routing number and the account number for each account you have filled out on the form.*
3. *If you already have a primary direct deposit account and you are adding an additional direct deposit, then section 2 should be left blank.*
4. *If you choose to only have (1) direct deposit account, then sections 3, 4 and 5 should be left blank and this will be your remaining balance account.*
5. *If you choose to have two (2) or more direct deposit accounts, you will need to fill out section 2, 3, and if applicable 4 and 5 depending on the number of direct deposits. Your primary account listed in section 2 will receive the remaining balance left after deposits to the additional accounts.*
6. *Check the type of account - checking or savings - for each direct deposit you are selecting.*
7. *Complete the bottom portion of the form and return to: State Comptroller, Attn: Payroll, 200 W. Washington St, Rm 240, Indianapolis, IN 46204.*
8. *I understand that my failure to notify the State Comptroller of any change in my financial institution(s) or depository account(s) may result in a delay in receiving my pay.*