Reset Form

AUDITOR OF STATE
PAYROLL DIRECT DEPOSIT

State Form 43591 (R12 / 10-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

INFORMATION AND INSTRUCTIONS:

1. *You may elect up to two (2) direct deposit accounts and must have a primary direct deposit account in order to have a secondary direct deposit account.*
2. *If you choose to only have one (1) direct deposit account then you will only need to fill out the PRIMARY DIRECT DEPOSIT form below.*
3. *If you choose to have two (2) direct deposit accounts you will need to fill out both the primary and secondary forms and you must enter a dollar amount or a percentage on the secondary direct deposit form.*
4. *If you already have a primary direct deposit account on file with the Auditor's Office, then you only need to complete the secondary direct deposit form.*
5. *Fill out the employee's portion, attach a voided check, or have your financial institution fill out its portion.*
6. *Check the type of account - checking or savings.*
7. *Sign and date the form(s) and return the entire sheet to: Auditor of State, 200 W. Washington St., Rm. 144, Indianapolis, IN 46204.*
8. *In the event that you already have a second direct deposit and are **only** changing the dollar or percentage amount, it is not necessary for the financial institution to sign this form.*

☐ ***Please check this box if you receive your payroll via direct deposit at a U.S. bank and then have the entire payroll amount automatically forwarded to a bank in another country.***

PRIMARY DIRECT DEPOSIT

Name *(last, first, middle initial)*	Check one ☐ Add ☐ Change	Agency name or level 2
Address *(number and street, city, state, and ZIP code)*		Social Security Number

THIS SECTION IS TO BE FILLED IN BY THE FINANCIAL INSTITUTION IN WHICH THE EMPLOYEE'S ACCOUNT IS LOCATED.

NOTE: The Financial Institution must be a member of the Automated Clearing House System and must be able to handle direct deposits by electronic transfer.

ABA transit-routing number (9 digits)	Employee's depository account number	Type of account *(check one)* ☐ Checking ☐ Savings
Name of financial institution	Address of financial institution *(city, state, and ZIP code)*	
Signature of officer	Title of officer	Date signed *(month, day, year)*

THIS SECTION TO BE READ AND SIGNED BY THE EMPLOYEE

I hereby authorize the Auditor of State to deduct from my pay each payday an amount equal to my net pay to be electronically transferred to my account described above. I have read the conditions printed on both sides of this form and agree to them.

Signature of employee	Date signed *(month, day, year)*

SECONDARY DIRECT DEPOSIT

Name *(last, first, middle initial)*	Check one ☐ Add ☐ Change	Agency name or level 2
Address *(number and street, city, state, and ZIP code)*	Amount $ or Percent %	Social Security Number

THIS SECTION IS TO BE FILLED IN BY THE FINANCIAL INSTITUTION IN WHICH THE EMPLOYEE'S ACCOUNT IS LOCATED.

NOTE: The Financial Institution must be a member of the Automated Clearing House System and must be able to handle direct deposits by electronic transfer.

ABA transit-routing number (9 digits)	Employee's depository account number	Type of account *(check one)* ☐ Checking ☐ Savings
Name of financial institution	Address of financial institution *(city, state, and ZIP code)*	
Signature of officer	Title of officer	Date signed *(month, day, year)*

THIS SECTION TO BE READ AND SIGNED BY THE EMPLOYEE

I hereby authorize the Auditor of State to deduct from my pay each payday the amount or percent indicated on this form to be electronically transferred to my account described above. I have read the conditions printed on both sides of this form and agree to them.

Signature of employee	Date signed *(month, day, year)*

DIRECT DEPOSIT

For the employees of the State of Indiana.

EMPLOYEE CONDITIONS:

Signing and submitting this form indicates that you understand and agree to the terms and conditions stated herein.

- I authorize the Auditor of State to directly deposit my net pay by electronic transfer through the initiation of credit entries to the financial institution identified by me on this form under “Primary Direct Deposit”, and to initiate debit entries to recover any erroneous deposits to my account, if necessary.

- If applicable, I authorize the Auditor of State to directly deposit a specific dollar amount or percentage of my net pay by electronic transfer through the initiation of credit entries to the financial institution identified by me on this form under “Secondary Direct Deposit”, and to initiate debit entries to recover any erroneous deposits to my account, if necessary.

- I understand that if I elect to transfer a specific dollar amount rather than a percentage of my net pay as a Secondary Direct Deposit, and my net pay remaining after my Primary Direct Deposit in any pay cycle is less than the amount designated for Secondary Direct Deposit, all of my net pay will be posted to my Primary Direct Deposit account, with none posted to my Secondary Direct Deposit account.

- This authority for Primary Direct Deposit and, if applicable, Secondary Direct Deposit, shall remain in full force and effect until the Auditor of State has received written notification from me of its termination at a time and in a manner that affords the Auditor of State and the financial institution(s) named on the front of this form a reasonable opportunity to act upon the notification.

- I understand that my failure to notify the Auditor of State of any change in my financial institution(s) or depository account(s) may result in a delay in receiving my pay.

- I understand that upon termination of my employment with the State, my final pay shall be by Payroll Warrant, and not by direct deposit.