

TRAVEL DIRECT DEPOSIT FORM INSTRUCTIONS

In order to process your direct deposit request the following information must be provided:

1. Employee name
 2. Social Security Number
 3. wvOASIS Vendor /Customer Number - Can be provided by your Accounts Payable Department.
For those agencies currently on the New Travel System please provide the wvOASIS Employee ID.
 4. Provide an email address for payment notifications.
 5. Home mailing address
 6. Phone Number
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Account Information

1. List the Bank name. Your payment will be going to the Bank name listed.
2. Indicate by marking the appropriate boxes.
 - a. **Start Direct Deposit**
Your payment is currently not setup for direct deposit.
 - b. **Change Account Information From**
Your direct deposit is currently setup and you want to send your funds to a different account or Bank. You must list the current Bank Name, Routing and Account number on file. **Do not close your old account until you have received your payment in the new account. This will help prevent a delay in receiving your payment.**
 - c. **Change Account Information To**
You must list the **new** Bank Name, Routing and Account number.
3. Indicate whether the account is checking or savings. **Mark one box ONLY!**
 - a. **Checking**
Attach a voided check, Financial Institution statement, or a letter from the Financial Institution (on FI letterhead) containing the account information, printed name, title and signature of the Financial Institution representative.
 - b. **Saving**
Attach a Financial Institution statement or letter from the Financial Institution (on F.I. letterhead) containing the account information, printed name, title and signature of the Financial Institution representative.

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Employee must do the following:

1. Complete, sign and date the form.
2. Deliver the form with your account documentation to your payroll or accounts payable representative for completion.

Payroll or accounts payable representative must do the following:

1. Complete the State Agency field.
2. Review the form and make sure it has been completed.
3. Make sure the Business Designation Code (Employee Reimbursement) in wvOASIS is correct.
4. Sign and date the form confirming it was provided by the employee.
5. Forward the form along with the documentation to the Auditor's Office.

WV OASIS Travel Direct Deposit Form

West Virginia State Auditor's Office, ePayments Division Telephone:
1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL/AP DEPARTMENT ONCE COMPLETED

FIRST NAME: MI: LAST NAME:

wvOASIS
Vendor Customer #: Email Address:

SSN: Phone #:

Address 1:

Address 1:

City: State: Zip Code:

Account Information:

BANK NAME: Start Direct Deposit
ROUTING #: Change Account Info From
ACCOUNT #: Checking - Attach a voided check
Saving

BANK NAME: Change Account Info To
ROUTING #: Checking - Attach a voided check
ACCOUNT #: Saving

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new travel form in a timely manner so as to afford the STATE a reasonable opportunity to act.

Employee Signature: _____ Date: _____

State Agency: Phone #:

I hereby certify I am a payroll/accounts payable representative of the herein name State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

Payroll/AP Representative's Signature: _____ Date: _____