

STATE OF OKLAHOMA  
 DIRECT DEPOSIT SYSTEM  
 USER SIGN UP/SECURITY AGREEMENT

AGENCY NO./NAME \_\_\_\_\_

USERID (OPM use only)	FIRST NAME	MIDDLE INITIAL	LAST NAME	PHONE
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____
_____	_____	_____	_____	( ) _____

I hereby authorize the above named individuals to access the Direct Deposit system until we send written advice that their access should be terminated. I understand we can only access records for current employees of the agency and that according to the new law Section 840-2.11 of Title 74 Employee Social Security Numbers, Employee Home Addresses and Employee Home Telephone numbers are confidential and not for public inspection or disclosure.

\_\_\_\_\_  
 AUTHORIZING OFFICIAL OR DESIGNEE

\_\_\_\_\_  
 TITLE DATE

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OPM USE ONLY:  
 AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ENTERED: \_\_\_\_\_ BY: \_\_\_\_\_