OPM 02-45

DATE: November 20, 2002

TO: All Appointing Authorities

FROM: Oscar B. Jackson, Jr.
Administrator and Cabinet Secretary of Human Resources

RE: ***CORRECTED* Automatic Deposit Transmittal Form (OPM-73)**

As previously communicated in All Appointing Authorities Memorandum OPM 02-43 dated October 30, 2002, Merit Rule 530:20-1-16(a) requires that employees file a completed Automatic Deposit Transmittal Form (OPM-73) with the Office of Personnel Management.

The OPM-73 form attached to the October 30th memorandum has since been found to contain a minor formatting error. The form has since been corrected, and a camera-ready copy is attached. Please reproduce this copy in a one-page format (front and back) and provide it to your employees for use in authorizing or changing direct deposits as needed. **Please discard any previously received unused forms that you may currently have in stock and replace them with the attached corrected form.**

Please accept our apologies for any inconvenience. If there are questions or if additional information is needed, please contact the OPM Direct Deposit Unit at (405) 521-2172 or (405) 521-6317. Thank you.

Attachment

(405) 521-2172 or (405) 521-6317
AUTOMATIC DEPOSIT AUTHORIZATION INSTRUCTIONS

Do not fill out or submit this form for change of Address or Name change.

1. Social Security Number	Enter employee social security number.
2. Name	Type or print employee name exactly as it appears on your account.
3. Type of Account	Indicate whether your account is a checking or savings account.
4. Type of Enrollment	Indicate whether this is a new enrollment, change in existing enrollment, or termination of direct deposit agreement. **NOTE**-Please allow up to 30 days before the change will occur.
5. Financial Institution Name	Enter the name of the bank, savings and loan or credit union where your account is held, i.e.: Bank-One.
6. Financial Institution, City, State	Enter the city and state of your financial institution.
7. Employing Agency	Enter the name of the state agency you work for.
8. Signature and Date	Sign and date the request form. **NOTE-**A request form cannot be processed without your signature as authorization.
9. Voided Check	For deposit to a checking account, attach to this request a VOIDED check (deposit slips are not accepted) from the financial institution of your choice so that we can use the information to make a proper deposit. For a deposit to a savings account, provide a document from your financial institution showing the financial institution's routing number and your account number. **NOTE**-A request form cannot be processed without this information. Thank you.

WHAT HAPPENS NEXT

FIRST-We will run a test to validate your account number.

When your pay and/or travel reimbursement is included in the Direct Deposit system, you will receive an Notice of Deposit instead of a warrant. The pay stub will not change, you will continue to receive a record of your earnings.

If you should have any problems, follow the procedures listed below:

1. Call your bank and ask for Commercial Direct Deposit Assistance. Advise them that you are on direct deposit through "ACH" (Automated Clearing House). If you still have problems, ask to speak to an Officer of the Bank, a Teller Supervisor or a Customer Service Representative. Write down the names of the people you talk to and the phone number you called.

2. For Payroll Deposits
   If you are not satisfied with the results for pay warrants, contact the Office of Personnel Management, Direct Deposit Unit at (405) 521-2172 or (405) 521-6317. You must have completed Step 1 before calling the Direct Deposit Unit. We will need the Phone Numbers and Names of the people you talked with at your bank.

3. For Travel Deposits
   If you are not satisfied with the results for travel warrants, contact your agency representative(s) who processes your travel claims.

4. For Spending Account Deposits
   If you are not satisfied with the results for spending account warrants, contact Spending Accounts Administration at the Employees Benefit Council (405) 232-1190 ext. 301.

Official Use Only

State of Oklahoma
Office of Personnel Management

AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by State and Higher Education Employees in communicating their direct deposit information to the Office of Personnel Management.

Social Security Number: _____ **Name:** _____

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

ADD ❑	PAYROLL – Deposit my payroll warrant
REMOVE ❑	PAYROLL – (I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit.
ADD/ REMOVE ❑ ❑	SPENDING
ADD/ REMOVE ❑ ❑	TRAVEL

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. account and/or the DEPOSITORY FINANCIAL INSTITUTION (bank, savings & loan, credit union) named below, to make a credit entry to such account. If monies to which I am not entitled are deposited to my account,

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT ❑ CHECKING ❑ SAVINGS

Financial Institution Name *(Your Bank)*: _____

City: _____ **State:** _____

This authority is to remain in full force and effect until: **(A)** I give OPM 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 Telephone Number: _____ **Work Telephone Number:** _____

Employing Agency: _____

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.

Please attach a **voided check** or an **official document** from your financial institution showing the financial institution's routing number and your account number in space provided below if this is an initial enrollment or bank routing and/or account number has been changed.

Allow up to 30 days for automatic deposit to commence!

Faxes are not acceptable. A signed form must be on file with the Office of Personnel Management.
Please mail the completed form to the address below.

ATTENTION: Direct Deposit
Office of Personnel Management
2101 North Lincoln Boulevard
Oklahoma City, OK 73105

ATTACH CHECK HERE