

**PAYROLL AUTHORIZATION FOR DIRECT DEPOSIT  
INTO EMPLOYEE'S ACCOUNT/ACCOUNTS  
TREASURER AND RECEIVER GENERAL**

Fax this form to the MassHR Employee Service Center  
Fax: 617-248-0686 Telephone: 617-979-8500

**SECTION 1: Employee Information**

Employee Name: \_\_\_\_\_ Employee I.D.: \_\_\_\_\_ Department: \_\_\_\_\_

**SECTION 2: Direct Deposit Information (fill in as necessary)**

Instructions: Direct deposits are distributed to accounts in order of the priority starting with priority '1'. The total of the percentages cannot exceed 100%. Designate one (and only one) account to receive any excess funds left over after all direct deposits are processed. Check 'Partial Allowed?' to allow the direct deposit amount to be less than the amount entered in the 'Amount' or 'Percent of Net Pay' fields.

**If you are adding a new account, please list this along with all existing accounts in the order of priority.**

Priority	Amount	Percent of Net Pay	Excess (check 1)	Partial Allowed?	*Transit #	Account #	Checking or Savings?	Leave Alone	New	Change	Delete
1	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	\$ _____ or _____ %	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3: Sign and Return to Your Payroll Coordinator**

- I choose to receive my bi-weekly payroll advice through the HR/CMS Payroll and Compensation – View Paycheck <http://www.mass.gov/masshr> and/or the Commonwealth PayInfo website <https://payinfo.state.ma.us/payinfo/Login.asp> (both available 24 hours). No bi-weekly paper copy will be issued to me by my employer
- Check box if any of the total of any of the above direct deposits go directly to a foreign bank or if the entire amount is forwarded from a domestic bank to a foreign bank
- I hereby authorize my employer, through the State Treasurer, to deposit my net pay and additional distributions, if any, to the financial institution(s) listed above. My employer, through the State Treasurer, is also authorized to debit any over-deposit or error, which it has caused to be made to my account. The State Treasurer or the employee may amend this authorization any time through HR/CMS self-service time and attendance or with proper notice to the Personnel/Payroll Office. In the absence of bank documentation, my signature certifies the Transit #(s) and Account #(s) indication above are correct as shown.

\_\_\_\_\_  
Employee Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Employee Work Phone:

Changes made after the second Wednesday of the pay period may result in a paper check being issued for the affected portion of your wages for that 1 pay period.

\* **NOTE:** to find the transit number, contact your financial institution for help. Transit # is always 9 digits (all numeric) in length.