



## Direct Deposit Change Form

400 Centennial Office Building  
658 Cedar Street  
Saint Paul, MN 55155

Employee Name (First, MI, Last): \_\_\_\_\_

Employee ID: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Action Requested (check one)

**New** -add new accounts

**Change Existing** -update order/amounts

**Delete** -remove existing accounts

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### Direct Deposit Accounts

You may designate **one or more accounts** for direct deposit. If multiple accounts are listed, amounts are applied in **priority order** (1, then 2, then 3...) and any remaining pay is deposited into the last account with **“Remaining Balance”** or priority order of 999. The Balance Account is listed first on this form for ease of use. Submit all pages of this form once completed.

### Distribution Rules

- **Percentages** must total **100%** OR use **fixed amounts and “Balance Account 999.”**
- **Fixed amounts** are funded first by priority; the **Balance Account 999** receives the rest.
- Routing numbers must be **9 digits**. Confirm your routing number with your bank.
- Attach a **voided check** or **bank letter** showing the **account and routing numbers**.
- Do **not** attach deposit slips, they may use different routing numbers.

## Submission and Security Guidance

- Employees must follow their agency's established procedures when submitting the Direct Deposit Authorization form.
  - Completed forms must not be sent via email unless the agency's procedures explicitly allow it and a secure, approved method is used.  
**Note:** Do not include full account numbers in email unless submitted through a secure portal approved by the agency.
  - When an employee elects to send their direct deposit form via email, the State of Minnesota is not liable for any interception or unauthorized access occurring during transmission.
  - This information must be entered by MMB Statewide Payroll Services if the box indicates transferring pay to a financial institution outside of the USA.
  - Do not send full account numbers via email unless you use a secure portal approved by your agency.
  - Employees who are unable to deliver the form directly to their agency's payroll or human resources office may initiate a video call to update direct deposit account information.
  - If requested by MMB Statewide Payroll Services, or other authorized entity, submit this form via agency's secure portal, in person, or interoffice mail per local policy. The form **may not be sent via USPS**.
  - Keep this signed and verified document for your records. Agency shall retain this form per its records retention schedule.
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### Balance Account 999 (When only using one bank account or for depositing the remaining balance of pay)

**Bank/Credit Union Name and State:** \_\_\_\_\_

**Routing Number (9 digits):** \_\_\_\_\_

**Account Number (up to 17 digits):** \_\_\_\_\_

**Account Type:**     Checking     Savings

**Deposit Option:**     Remaining Balance/Whole Net Pay

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### Priority Order 1 (Amount to be deposited first, if multiple accounts)

**Bank/Credit Union Name and State:** \_\_\_\_\_

**Routing Number (9 digits):** \_\_\_\_\_

**Account Number (up to 17 digits):** \_\_\_\_\_

**Account Type:**             Checking     Savings

**Deposit Option:**

\$ \_\_\_\_\_ (Fixed amount)

\_\_\_\_\_ % (Percentage of net pay)

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**Priority Order 2** (Amount to be deposited second, if multiple accounts)

**Bank/Credit Union Name and State:** \_\_\_\_\_

**Routing Number (9 digits):** \_\_\_\_\_

**Account Number (up to 17 digits):** \_\_\_\_\_

**Account Type:**             Checking     Savings

**Deposit Option:**

\$ \_\_\_\_\_ (fixed amount)             \_\_\_\_\_ % (percentage of net pay)

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**Priority Order 3** (Amount to be deposited third, if multiple accounts)

**Bank/Credit Union Name and State:** \_\_\_\_\_

**Routing Number (9 digits):** \_\_\_\_\_

**Account Number (up to 17 digits):** \_\_\_\_\_

**Account Type:**             Checking     Savings

**Deposit Option:**

\$ \_\_\_\_\_ (fixed amount)             \_\_\_\_\_ % (percentage of net pay)

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I authorize the State of Minnesota, Minnesota Management and Budget, and my financial institution(s) to initiate deposits to the account(s) listed above and, if necessary, to reverse erroneous deposits in accordance with Nacha rules. I understand:

- Changes may take one to two pay cycles to become effective.
- It is my responsibility to verify deposits and keep account information current.
- If an account is closed, I will notify Payroll immediately; otherwise, pay may be delayed.
- This authorization remains in effect until I submit a new authorization or cancellation and will cause any previously authorized direct deposits to financial institutions to be stopped.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

**Check this box if you will be transferring any of your pay to a financial institution outside of the USA**

*Return this form to your agency's direct deposit designee. If you are unsure of who this is, contact your agency's payroll or human resources office.*

**For Agency Payroll Use Only**

Entered in payroll system by: \_\_\_\_\_ Date: \_\_/ \_\_/ \_\_

Effective Pay Period: \_\_/ \_\_/ \_\_ (pay period end date)

Verified documentation received:  Yes  No

Contacted employee via:

In-person  Phone call to verified number  Teams video chat  Did not contact

Notes: \_\_\_\_\_