
Rules of
Office of Administration
Division 10—Commissioner of Administration
Chapter 8—Direct Deposit of Payroll Requirements

Title	Page
1 CSR 10-8.010 Direct Deposit of Payroll Requirements	3

**Title 1—OFFICE OF
ADMINISTRATION**
**Division 10—Commissioner of
Administration**
**Chapter 8—Direct Deposit of Payroll
Requirements**

**1 CSR 10-8.010 Direct Deposit of Payroll
Requirements**

PURPOSE: This rule describes the requirements established to allow state employees to participate in the Payroll Direct Deposit program.

(1) Effective July 1, 1998, all new employees are required to participate in the state Payroll Direct Deposit program. This requirement is subject to established departmental guidelines for program participation. Employees are allowed to select the financial institution that will receive the direct deposit. Departments may temporarily or permanently waive application of this section for individuals or classes of individuals for whom compliance imposes a hardship. A hardship may be deemed to exist in the following circumstances:

(A) The position held by the employee is located outside the United States, or the employee is temporarily stationed outside the United States;

(B) The existence of a state or national emergency or natural disaster that would preclude the origination or receipt of an electronic deposit;

(C) A physical or mental disability, as documented by a health care professional, that would impede the employee's ability to gain access to electronically deposited funds;

(D) Certification by the employee that religious convictions preclude the use of direct deposit;

(E) Remoteness of the employee's primary residence to both a financial institution and a cash access device owned by the financial institution;

(F) A written statement from the employee's financial institution confirming the financial institution's inability to accept an electronic deposit or withdrawal;

(G) A financial institution's refusal to establish an account for an employee; or

(H) Other situations as determined by the department.

(2) Employees must complete a Payroll Direct Deposit application form (Exhibit A) to participate. The completed application authorizes the Office of Administration to deposit (credit) the employee's net pay into a designated checking or savings account. It

also authorizes an employee's account to be debited only when an error has occurred resulting in an overpayment to the employee.

(3) Departments must forward the Payroll Direct Deposit application forms to the Division of Accounting by the sixth workday of each month. Payroll Direct Deposit of the employee's net pay will begin the next month following the acceptance of a properly completed application form and the successful processing of a test transaction through the banking system.

(4) The departments must adopt guidelines for their employees who participate in Payroll Direct Deposit to follow.

(5) The department must certify that their employees are eligible for Payroll Direct Deposit based on that department's guidelines.

(6) The state will conduct Payroll Direct Deposit through the automated clearing house system, utilizing an originating depository financial institution. The rules of the National Automated Clearing House Association and its member local Automated Clearing House Associations shall apply, as limited or modified by law.

*AUTHORITY: section 33.155, RSMo 1994. * Emergency rule filed July 17, 1990, effective Aug. 28, 1990, expired Dec. 24, 1990. Original rule filed July 17, 1990, effective Dec. 31, 1990. Amended: Filed Nov. 17, 1997, effective July 1, 1998.*

**Original authority 1990.*



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF ACCOUNTING
PAYROLL DIRECT DEPOSIT APPLICATION

EXHIBIT A

SECTION A - TO BE COMPLETED BY EMPLOYEE - PLEASE TYPE OR PRINT USING A BALL POINT PEN. SEE INSTRUCTIONS ON THE REVERSE SIDE OF THE EMPLOYEE COPY.

1 TYPE OF ACTION
 NEW CHANGE CANCEL

2 NAME LAST FIRST MI

3 SOCIAL SECURITY NUMBER

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SECTION B - TO BE COMPLETED BY EMPLOYEE IF NEW OR CHANGE BOX IN SECTION A IS CHECKED - A VOIDED CHECK OR DEPOSIT TICKET MUST BE ATTACHED.

1 ROUTING NUMBER 2 DEPOSITOR ACCOUNT NUMBER

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3 TYPE OF ACCOUNT - CHECK ONLY ONE BOX
 C (CHECKING) S (SAVINGS)

4 FINANCIAL INSTITUTION NAME

5 BRANCH NUMBER OR NAME (IF APPLICABLE)

6 FINANCIAL INSTITUTION ADDRESS NUMBER AND STREET CITY STATE ZIP

SECTION C - TO BE COMPLETED BY EMPLOYEE

1. CHECK APPROPRIATE BOX

I hereby authorize the Office of Administration to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above.

I understand that the Office of Administration may terminate my enrollment in the program if the State is legally obligated to withhold part of my wages for any reason.

I understand that the employing agency may terminate my enrollment if I no longer meet the eligibility requirements.

I hereby cancel my Direct Deposit authorization.

SIGNATURE OF STATE EMPLOYEE	DATE
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SECTION D - TO BE COMPLETED BY AGENCY

1 AGENCY NAME

2 EMPLOYEE'S DEPARTMENT/DIVISION/SECTION/JOB CLASSIFICATION CODES

3 AGENCY APPROVAL

I hereby certify that I am the duly appointed officer of the herein named agency and that, being so authorized, do certify that this employee is eligible for payroll direct deposit.

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	DATE
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DATE RECEIVED IN OFFICE (MONTH, DAY, YEAR)	AGENCY TELEPHONE NO
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