

# Payroll Direct Deposit Authorization (Electronic Funds Transfer)

You can add, change, and revoke direct deposits online in MI HR Self-Service ([www.mi.gov/selfserv](http://www.mi.gov/selfserv)); complete paper form only if you are unable to access your MI HR Self-Service account.

<b>PART 1: PERSONAL INFORMATION</b>	
Employee Name (Last, first, middle)	Employee Number

<b>PART 2: DEFAULT ACCOUNT</b>	<b>PART 3: FIRST ACCOUNT</b>	<b>PART 4: SECOND ACCOUNT</b>	<b>PART 5: THIRD ACCOUNT</b>
Purpose of this request <input type="checkbox"/> Add this Direct Deposit <input type="checkbox"/> Revoke (cancel or stop) this Direct Deposit	Purpose of this request <input type="checkbox"/> Add this Direct Deposit <input type="checkbox"/> Revoke (cancel or stop) this Direct Deposit <input type="checkbox"/> Change the dollar amount or percentage of this Direct Deposit	Purpose of this request <input type="checkbox"/> Add this Direct Deposit <input type="checkbox"/> Revoke (cancel or stop) this Direct Deposit <input type="checkbox"/> Change the dollar amount or percentage of this Direct Deposit	Purpose of this request <input type="checkbox"/> Add this Direct Deposit <input type="checkbox"/> Revoke (cancel or stop) this Direct Deposit <input type="checkbox"/> Change the dollar amount or percentage of this Direct Deposit
Name of Financial Institution	Name of Financial Institution	Name of Financial Institution	Name of Financial Institution
Account Number (up to 17 characters; see instructions)	Account Number (up to 17 characters; see instructions)	Account Number (up to 17 characters; see instructions)	Account Number (up to 17 characters; see instructions)
Routing Number	Routing Number	Routing Number	Routing Number
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Distribution Distribution of the Default Account detailed in Part 2 is 100 percent of the remaining net pay.	Distribution (check one; write in amount or percentage) <input type="checkbox"/> By dollar amount \$ _____ <input type="checkbox"/> By percentage _____%	Distribution (check one; write in amount or percentage) <input type="checkbox"/> By dollar amount \$ _____ <input type="checkbox"/> By percentage _____%	Distribution (check one; write in amount or percentage) <input type="checkbox"/> By dollar amount \$ _____ <input type="checkbox"/> By percentage _____%
<b>PART 6: FOURTH ACCOUNT</b>	<b>PART 7: AUTHORIZATION</b>		
Purpose of this request <input type="checkbox"/> Add this Direct Deposit <input type="checkbox"/> Revoke (cancel or stop) this Direct Deposit <input type="checkbox"/> Change the dollar amount or percentage of this Direct Deposit	I authorize the State of Michigan to deposit the net pay owed me by the State, by direct deposit (electronic funds transfer) into the designated financial institution(s) and Account Number(s). I understand this authorization remains in effect until revoked (canceled) by: (a) me, (b) my death or legal incapacity, (c) the State of Michigan or (d) my separation.  I authorize the State of Michigan to recover money electronically deposited in my account(s) in error, either by adjusting or debiting the account(s), or withholding future payments. I understand I will be notified by the State of Michigan if adjustments or debits are being made.  I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the State of Michigan's rules about electronic funds transfers as they exist on this date or as subsequently adopted, amended or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.  If more than one signature is required to authorize withdrawals of funds, all must sign this form before you submit it. Attach a page with secondary signatures if necessary. Due to recent changes in banking rules, your payment could be returned to the State of Michigan if your deposit is directed to a foreign account. Contact your bank if you have questions about the status of your bank account. Keep a copy for your records.		
Name of Financial Institution	Employee Signature		
Account Number (up to 17 characters; see instructions)	Date		
Routing Number	Work Phone Number		Home Phone Number
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Secondary Signature		
Distribution (check one; write in amount or percentage) <input type="checkbox"/> By dollar amount \$ _____ <input type="checkbox"/> By percentage _____%	Date		Home Phone Number
<b>IMPORTANT: This direct deposit request will not be processed without an authorized signature in Part 7, page 2.</b> The authorization in Part 7 must be completed For detailed instructions on completing this form, and submitting it to MI HR Self-Service, see Page 2.			

## Instructions for Completing Form 3487, Payroll Direct Deposit Authorization

### PART 1: PERSONAL INFORMATION

Complete Part One by entering your last, first and middle name along with your employee number.

### PART 2-6: ACCOUNT INFORMATION

As a state employee you may have up to five direct deposits.

♦ One account **must** be designated as your **default account**. If you have only one direct deposit, that account is automatically the default account and all your net pay will be deposited to that account. The default account receives any net payment amount remaining after all other authorized deposits are made.

♦ If you have more than one direct deposit, you **must** indicate the dollar **amount or percentage** to be distributed to each additional account (any remaining amount or percentage is deposited in the default account).

♦ If you have more than one direct deposit account, you **must** indicate the **distribution order** in which deposits should be made (in case a net payment is not large enough to cover all the direct deposits you requested). If there is not sufficient remaining net pay to fulfill a direct deposit account, that account will be skipped entirely. The remaining net pay will continue to be distributed to the direct deposit accounts in the order designated.

For example, if you specify a flat amount of \$2,000 for your first account with \$500 to your second account and the balance to your default account but you only earn \$1,600 net pay, your first account will be skipped entirely, your second account will receive \$500 and the balance of \$1,100 will be deposited to your default account.

#### For each direct deposit to be added, changed, or revoked:

You **must** include the financial institution nine-digit **routing number** for each account. Most banks and credit unions give their routing number (RTN) over the phone and have it posted on their Web sites. If you have a checking account, the routing number (and checking account number) is on the check in the spaces indicated on the sample check pictured here.

You **must** also include a valid **account number** for each direct deposit you are adding, changing, or revoking, as well as indicate if the account is a **checking or savings** account. Account numbers are up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols.

Richard and Cindy Jones  
123 Main Street  
Anytown, MI 49111

1800  
Date: \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

**SAMPLE**

ANYTOWN BANK  
Anytown, MI 49111

Routing Number Account Number  
: 270000065 : 3000000915 " • 01800

Do not include check number

### PART 7: AUTHORIZATION

The authorization must be completed before the form can be submitted. If more than one signature is required to authorize withdrawals of funds, all must sign the form before it is submitted. Due to recent changes in banking rules, your payment could be returned to the State of Michigan if your deposit is directed to a foreign account. Contact your bank if you have questions about the status of your bank account.

Please direct questions and submit the completed form to: \*

MI HR Service Center

P.O. Box 30002

Lansing, MI 48909

Toll Free: (877) 766-6447

Fax: (517) 241-5892

\* Attorney General, Secretary of State, Judicial Branch, or Legislative Branch employees should direct questions and submit the completed form to their department or agency HR Office.