

Department of Accounts

Payroll Bulletin

Calendar Year 2010

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the Payroll
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The Payroll Bulletin is published periodically to provide CIPPS agencies guidance regarding Commonwealth payroll operations. If you have any questions about the bulletin, please call Cathy McGill at (804) 371-7800 or Email at cathy.mcgill@doa.virginia.gov

State Payroll Operations

Director **Lora L. George**
Assistant Director Cathy C. McGill

Direct Deposit Deduction Number Restructuring

New Direct Deposit Deduction Numbers

Effective January 1, 2010, Direct Deposit deduction numbers will be changed as noted below. This change will allow additional deductions to be created in CIPPS as may be needed in the future.

Deduction Name	Old #	New #
DDCHKNG1 Fixed	059	159
DDSAVNG1 Fixed	060	160
DDCHKNG2 Fixed	067	167
DDSAVNG2 Fixed	068	168
DDCHKING Net	069	169
DDSAVING Net	070	170

In addition, we will be adding two new fixed direct deposit deductions:

Deduction Name	#
DDCHKNG3	163
DDSAVNG3	164

During calendar year end processing, DOA will automatically perform conversion to the new deduction scheme. Effective for any data entry performed after 12/31/2009, be sure to use the new numbers when adding or changing direct deposit deduction data on the H0ZDC screen. If you inadvertently use one of the old numbers, the deduction name will indicate ****ERROR**** and will not be withheld.

The new forms for this change are on the following pages and will be updated on our web site on December 28, 2009. If you have any questions or concerns, please contact Martha Laster at 804-225-2382 or martha.laster@doa.virginia.gov.

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION Agency Name: _____

Print Employee Full Name: _____ **Employee ID #:** _____

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer can not issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

Employee Signature _____ **Date** _____

CHECKING ACCOUNTS. Attach a voided check for each account. **If a voided check is not attached, this section should be completed by your financial institution along with their name and signature below.**

NET Direct Deposit to the following CHECKING account:

_____	_____	_____	NET	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

FIXED Amount to the following CHECKING account(s):

_____	_____	_____	_____	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

_____	_____	_____	_____	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

_____	_____	_____	_____	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Checking Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

SAVINGS ACCOUNTS. Deposit slips can NOT be used. This section and the routing and account numbers below should be completed by your financial institution.

****Print name of Financial Representative:** _____ **Phone:** _____

****Signature of Financial Representative:** _____ **Date:** _____

NET Direct Deposit to the following SAVINGS account:

_____	_____	_____	NET	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

FIXED Amount to the following SAVINGS account(s):

_____	_____	_____	_____	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

_____	_____	_____	_____	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

_____	_____	_____	_____	<input type="checkbox"/> New
Name of Financial Institution	Routing Number	Savings Account Number	Amount	<input type="checkbox"/> Change
				<input type="checkbox"/> Stop

To be completed by the Agency Payroll Section:

Checking deduction numbers: fixed 159, 163, 167. Net checking 169 Savings deduction numbers: fixed 160, 164, 168. Net savings 170

CIPPS Updated by: _____ Date ___/___/___ Reviewed by: _____ Date ___/___/___ 01/10

DIRECT DEPOSIT STOP PAYMENT

EMPLOYEE NAME

AGENCY NUMBER

EMPLOYEE NUMBER

CHECK/ D D NUMBER

CHECK DATE

PAY PERIOD END DATE

REASON

AMOUNTS

Account Closed

159 DD Checking1

Garnishment

160 DD Saving1

Incorrect Amount

163 DDChecking3

LWOP

164 DDSaving3

or

167 DDChecking2

Other

168 DDSaving2

(provide brief explanation below)

169 DDChecking (Net)

170 DDSaving (Net)

Authorized Agency Signature

Date

Reserve for DOA Payroll Operations use:

Bank Action:

Entered by/Date:

DOA Disposition:

Entered by/Date:

ACH Reversal:

Internal

Returned as:

Date

or
Rewire

Deletion

Reversal

TO: _____

ABA# _____

Report 10/Check

Account# _____

Notes:

Reference # _____

Released by: _____

Signature/Date