



NAVAJO NATION

OFFICE OF THE CONTROLLER PAYROLL SECTION

P.O. Box 3150 • Window Rock, Arizona 86515 • (928) 871-6398
E-Mail: payrolldocs@nnooc.org

DIRECT DEPOSIT FORM

Direct deposit enrollments will begin with the 2nd payroll following this request.

(Direct deposit enrollments, updates & cancellations, are processed every pay period ending.)

NAME: _____ SOCIAL SECURITY NO. _____

WORK PHONE: _____ PERSONAL PHONE: _____

E-MAIL ADDRESS: _____ DEPT. NAME: _____ DEPT. NO.: _____

You may designate up to **two accounts only**, and can be affiliated with two different banking institutions.

CHECK TYPE OF ACCOUNT:
 PRIMARY CHECKING
 PRIMARY SAVINGS

CHECK ONE SELECTION:
 START CHANGE*

AMOUNT: 100% or the remainder.

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

BANK NAME: _____

CHECK TYPE OF ACCOUNT:
 SECONDARY CHECKING
 SECONDARY SAVINGS

CHECK ONE SELECTION:
 START CHANGE* CANCEL

DOLLAR AMOUNT **ONLY**: \$ _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

BANK NAME: _____

*Adding an account &/or changing your banking information **will stop your direct deposit** for one pay period. You will receive a regular paycheck from your department and allowed two changes per calendar year.

Read and initial beside each one of the following to show that you understand our policy & procedures regarding your direct deposit.

- _____ You are allowed only *two changes per calendar year*.
- _____ You are not allowed to have a partial direct deposit *if you have one bank account* set up.
- _____ Before cancelling your current direct deposit please have another bank ready to set-up your direct deposit or you will be provided a payroll pay card to replace direct deposit.
- _____ You are responsible to *notify Payroll immediately before* any adjustments are made to your bank account(s). If you do not notify Payroll of any changes or cancellations to your account(s), this will result in your direct deposit showing up as a reject item and will delay the retrieval of your funds three to five business days.
- _____ Enrollments, changes, & cancellation requests must be submitted on our Payroll direct deposit form or cancellation form. *Payroll does not accept verbal notifications.*
- _____ I understand that it is *my responsibility to verify that payments have been credited to my account(s)* and that the Navajo Nation assumes no liability for overdrafts for any reason.

Attach here a voided check or direct deposit information form.

Please do not use staples, use scotch tape to attach.

A voided check or bank information form would help us verify your account(s). Occasionally we find that employees submit incorrect numbers, incomplete, &/or the handwriting is not legible.

Thank you,
Payroll dept.

⑆0000000000⑆
Routing Number

0000000000⑆
Account Number

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I HEREBY AUTHORIZE AND DIRECT THE NAVAJO NATION TO SEND ALL MY NET PAY AMOUNT FOR DIRECT DEPOSIT TO MY ACCOUNT(S) LISTED. This authorization will remain valid and in force until cancelled by me or until my termination of employment with the Navajo Nation. It is my understanding that this request will remain confidential. If I do not follow the procedures outlined, I release Payroll from any and all liabilities.

SIGNATURE: _____ **DATE:** _____

FOR PAYROLL USE ONLY:

ENTERED BY: _____
DATE: _____

VERIFIED BY: _____
DATE: _____