

State of Wyoming  
Automatic Payroll Deposit Sign-up Form

Agency Name: \_\_\_\_\_ Agency No.: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I authorize my net pay to be deposited in the

\_\_\_\_\_  
(Name of Financial Institution)

located in the city or town of: \_\_\_\_\_, \_\_\_\_\_  
(State)

The account number is: \_\_\_\_\_

This is a \_\_\_\_\_ Checking or \_\_\_\_\_ Savings Account (check one)

**Note:**

**For a checking account, a copy of a “Voided” check must be attached or the automatic payroll deposit cannot be processed.**

**For a savings account, a copy of a Standard Form 1199A, provided by your financial institution, must be attached or the automatic payroll deposit cannot be processed.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form and attachments to your Agency Payroll Specialist.