

# FASTSTART DIRECT DEPOSIT

## INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

<b>1. EMPLOYEE INFORMATION</b>	
(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input type="text"/>	
EMPLOYEE NAME (as on payroll records) <input type="text"/> (Last, First, Initials)	
TELEPHONE NUMBER (WORK) <input type="text"/>	(HOME) <input type="text"/>
<b>2. TYPE OF ACCOUNT</b>	<b>3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)</b> A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING TRANSIT NUMBER <input type="text"/> <input type="checkbox"/> Check Digit
<b>TYPE OF PAYMENT</b>	ACCOUNT NUMBER <input type="text"/>
<input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments	ACCOUNT TITLE <input type="text"/> (Account Holder's Name)
	FINANCIAL INSTITUTION NAME <input type="text"/>

Employee SSN

Employee Name in order listed on form

Select the type of account

Banking Institution Routing Number, First 9 digit number found at the bottom left of a check

For type of payment select "NET PAY"

Account Number

Employee Name

Name of Bank

**4. ALLOTMENT INFORMATION**  
 Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
<input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	<input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	<input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ _____

ALLOTTEE NAME  
 (person/company who will receive allotment) \_\_\_\_\_

ALLOTTEE'S ROUTING NUMBER \_\_\_\_\_  Check Digit

ALLOTTEE'S ACCOUNT NUMBER \_\_\_\_\_

ALLOTTEE'S ACCOUNT TITLE  
 (Account Holder's Name) \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

**5. AUTHORIZATION**

\* \_\_\_\_\_ DATE \_\_\_\_\_  
 EMPLOYEE'S SIGNATURE

**6. AGENCY USE:**

Select Checking or Savings

Select "START"

Select Savings

Enter a **whole number** for the amount of the allotment.

Name of person to whom money is being sent

Banking Institution Routing Number, First 9 digit number found at the bottom left of a check

Account Number

Account Holder's name

Name of Bank

Sign & Date

# \*\* WE ARE UNABLE TO PROVIDE TAX ADVICE \*\*

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2016</b>	
<b>1</b> Your first name and middle initial _____ Last name _____		<b>2</b> Your social security number _____			
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		<b>6</b> \$ _____	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .					
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> _____					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶			
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	

Name

Address

Sign & Date

SSN

Marital Status

Exemptions - A number starting with 0 - 99

Withhold an additional dollar amount

# Frequently asked Questions

- How do I fill out the direct deposit form?
  - Should be within red folder
- Can someone go through the direct deposit form with me?
  - Please refer to slides for step by step guide
- How can I choose multiple allotments?
  - Complete multiple forms starting with section 4 - 5
- What if I do not have a checking account?
  - Your check will be mailed to the address you provided on address form
- What if I do not have a voided check?
  - If you have the routing and account number for where you would like you NET PAY to be deposited, complete the direct deposit form with that information.