

Office of Management and Enterprise Services Employees Group Insurance Department



Oklahoma  
Department of  
Rehabilitation  
Services



Department of  
Corrections  
Oklahoma

Electronic Funds Transfer (EFT) Enrollment Form

ALTERNATE PAYEE INFORMATION

Name: \_\_\_\_\_  
Last First MI

BANKING INFORMATION

A voided check is required. If the bank account does not have checks, a bank letter verifying the account and routing numbers will be accepted.

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Checking  Savings

AUTHORIZED SIGNATURE

By signing below you acknowledge that you are the person named above or an authorized representative. You are further acknowledging that the information above is correct and that you are authorizing EFT payment to be made to the Financial Institution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Printed Signature Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please mail, fax or email the completed form to:  
Hewlett Packard Administrative Services, LLC  
P.O. Box 24110, Oklahoma City, OK 73124  
Fax: 1-405-416-1790  
Email: [hpeft.mailbox@hpe.com](mailto:hpeft.mailbox@hpe.com)

If you have any questions, please call Hewlett Packard Administrative Services, LLC at 1-405-416-1800, or toll-free 1-800-782-5218; TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

## Instructions for Completing the EFT Enrollment Form

Please complete all fields on the form.

### Return the completed form to:

Hewlett Packard Administrative Services, LLC  
P.O. Box 24110  
Oklahoma City, OK 73124  
Or email to: [hpeft.mailbox@hpe.com](mailto:hpeft.mailbox@hpe.com)

To ensure the security of your information when submitting this form via email, please submit your form and any attachments in an encrypted WinZip file, then submit the password for the WinZip file in a separate email.

**This form must be accompanied by a voided check or bank letter that formally certifies the account owners routing and account numbers.**

If you have any questions, please contact Hewlett Packard Administrative Services, LLC at 1-405-416-1800 or toll free 1-800-782-5218. TDD users call 1-405-416-1525 or toll free 1-800-941-2160.

Form Field	Form Field Description	Additional Information/Instructions
Name (Last, First, MI)	Complete legal name of individual.	Required
Financial Institution	Official name of the financial institution.	Required
Account Number	Individual's account number at the financial institution to which EFT payments are to be deposited.	Required
Routing Number	A 9-digit identifier of the financial institution where the individual maintains an account to which payments are to be deposited.	Required; Numeric; 9-digits
Checking or Savings	The type of account the individual will use to receive EFT payments.	Required; Check either checking or savings to indicate the type of account
Signature	The signature of the individual authorizing EFT enrollment.	Required
Date	The date on which the enrollment is submitted.	Required
Printed Signature Name	The printed name of the individual signing the form.	Required
Phone Number	Contact phone number of the individual signing the form.	Required