



State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF STATE UNIFORM PAYROLL

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GOVERNOR

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COMMISSIONER OF ADMINISTRATION

December 4, 2002

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2003-31

TO: All ISIS HR Paid Agencies

FROM: Jena W. Cary
Director

SUBJECT: Update for EFT Contact Information (OSUP/F26)

Agencies must follow the EFT Return/Correction Report procedures provided in [OSUP Memorandum #2002-07](#) to assure that accurate bank information is maintained for employees. In order to distribute this report to the appropriate agency personnel, the Office of State Uniform Payroll (OSUP) is requesting that all agencies complete the attached EFT Contact Information form (OSUP/F26). Agencies must provide information for **two** contacts. If your department is responsible for maintaining employees' bank detail information for multiple agencies, you must provide the contact information for each agency. Form OSUP/F26 must be signed by a Department Head/Agency Director to indicate that the contact people listed are authorized to receive this information via e-mail attachment. This form should also be used for any additions, changes or deletions to EFT contact information already provided to OSUP.

NOTE: Agencies should not contact any financial institution directly. OSUP is responsible for all ACH transactions that are sent to financial institutions. If agencies have any problems with an employee's direct deposit they should contact OSUP. OSUP will contact the financial institution on behalf of agencies, if needed.

If you have any questions, please contact Orneatha Wright at (225) 342-5357.

JWC:OSW

Attachment: [EFT Contact Information Form \(OSUP/F26\)](#)

**OFFICE OF STATE UNIFORM PAYROLL
EFT CONTACT INFORMATION**

AGY _____ **AGENCY NAME** _____

TO: Jena W. Cary, Director
Office of State Uniform Payroll
1201 North 3rd Street, Suite 6-150
Baton Rouge, LA 70802

The Two (2) Contact Personnel Listed Below are Authorized to Receive EFT Report via Email:

ADD CHANGE DELETE	NAME	TITLE	INTERNET E-MAIL ADDRESS	SIGNATURE	PHONE NO. (include area code)	FAX NO. (include area code)

EFFECTIVE DATE OF CHANGE: _____

AUTHORIZED BY: _____

PAGE _____ **of** _____

SIGNATURE: _____

TITLE: _____