## **Direct Deposit Form for NYS Employees**

	_	(To be use	ed for enrollme	ent, change	s and cancellations)			
Section A: Employee Informa	tion							
NAME (LAST, FIRST, MI)					WORK PHONE # ()			
LAST FOUR DIGITS OF SO	OCIAL SEC	CURITY	#		A	GENCY/DEPT COL	DE	
For more than three accounts or if you amount or percentage deposits may be						ditional forms as necessary	. Up to seven fixed	
Section B: Account Type	New or Additional *	Change Joint	Change Amount or	Cancel	Name of Financial Institution	Account Number	Amount,	
	Additional	Account	Percentage		Financiai instituti	on .	Percentage or Excess	
		Holder *						
	(✔)	(✔)	(✔)	(✔)				
1. □ Savings □ Checking								
2. □ Savings □ Checking								
3. □ Savings □ Checking								
*For new/additional accounts with joint a	ccount holders	or to add a j	oint account h	older to ex	xisting accounts, bo	oth signatures are required in	Section D.	
Section C: This section must funds into a savings account on name MUST appear on the a	or into a ch ccount(s).	necking a	ccount if a	voided	personal chec	ck is not attached. Tl	ne employee's	
As a representative of the below name the account shown above in accordance Salary credited to the account below v	ce with Part 10	02 of the Co	des, Rules, a	nd Regula				
							ings □ Checking	
Depositor's Account Number (EFT Format)					Routing Number			
					_		-	
Print or Type Representative's Name		Signature of Representative				Telephone Number	Date	
2. NAME OF FINANCIAL INSTITUTION					Account Type Savings Checking			
Depositor's Account Number (EFT Format)					Routing Number			
							-	
Print or Type Representative's Name		Signature of Representative				Telephone Number	Date	
3. NAME OF FINANCIAL INSTITUTION					Account Type □ Savings □ Checking			
Depositor's Account Number (EFT Format)					Routing Number			
							-	
Print or Type Representative's Name		Signature of Representative				Telephone Number	Date	
Costion D. Errellere /I A		Idone C	4:C: a a 4! - :	T a4*	Cr. 4b a4 T 1	and and and a d	4	
Section D: Employee/Joint A this form, including the authorization institution(s) to be deposited on the corresponding line for new/ac	orization for ed into the sp	or recover ecified acco	<b>ry.</b> In signing ount(s). The	ng this for joint acc	rm, I authorize m	y salary payment to be se	nt to the designated	
Employee Signature Date								
B-1 Joint Account Holder								
B-2 Joint Account Holder								
B-3 Joint Account Holder						Date		

**INSTRUCTIONS:** Please complete the form as described below, and then forward it to your agency/department payroll or personnel office. You can also contact that office for assistance in completing the form.

<u>NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS:</u> Employee **must** complete Sections **A**, **B**, and **D** for each new/additional account or for changes in account holders. See instructions below for Section **C**.

**Section A:** Indicate your name, work phone number and Agency/Department code. For your personal privacy, enter only the last four digits of your social security number.

**Section B:** To enroll in direct deposit or add an account, place a check mark in the account type (checking or savings) and in the "New or Additional" column. For changes in account holders, place a check mark in the account type and in the appropriate "Change" column. Indicate the name of the financial institution, account number, and amount or percentage to be deposited.

- Employees may choose **up to seven** fixed amount or percentage deposits, as well as **one excess** (net pay) deposit. This form accommodates up to three accounts. For more than three accounts or if you prefer to list each financial institution on a separate form, use additional forms as necessary.
- Account number is obtained from a personal check, bank statement, or the financial institution.
- To deposit a fixed amount, enter a specific amount (may include cents, e.g. \$100.25). To deposit a portion of the paycheck, enter a specific percent (must be a full percentage, e.g. 50%). Write the word "excess" to deposit the remainder of monies after all other distributions.

**Section C:** For Savings Accounts, this section **must** be completed by your financial institution(s). For Checking Accounts, this section **must** be completed by your financial institution(s) if you are **not** attaching a voided personal check. The employee's name **must** appear on the account.

**Section D:** The Employee/Joint Account Holder Certification **must** be signed by the employee in **all** instances and any joint account holder if this is a new/added account. By signing this form, the employee and any joint account holder each allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

CHANGES TO MONEY OR PERCENTAGE AMOUNT: Employees may add, change or cancel the money or percentage amount deposited to an account by completing Sections A, B, and D of a new Direct Deposit Form. Section C does not need to be completed for these changes. In Section B, place a check mark in the appropriate "Change" column. New fixed amount or percentage direct deposits will be assigned a lesser priority than existing fixed amount or percentage direct deposits. For example, if an employee's pay is not sufficient to cover all direct deposits, the most recently designated direct deposit(s) will not be taken.

To change direct deposit priorities, please contact your agency payroll or personnel office. Financial institution changes may take up to two payroll periods to become effective. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee's direct deposit transaction, employees may experience a delay in payments. Joint account holder's signature is not required for these transactions.

<u>CANCELLATIONS</u>: The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. To cancel the agreement, the employee **must** complete Sections **A**, **B** and **D** of a new Direct Deposit Form for the transaction(s) to be canceled. Joint account holder's signature is not required. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee's direct deposits when internal control policies would be compromised by this form of salary payment.

## **Additional Information**

The information on this form is required pursuant to Part 102 of the Codes, Rules and Regulations of New York State (2 NYCRR 102). **This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes, the employee must complete a new form.** The information supplied by the employee will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure by the employee to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program of the Bureau of State Payroll Services, NYS Office of the State Comptroller.