Direct Deposit Form for NYS Employees

| | | (To be use | ed for enrollme | ent, changes | s and cancellations) | | | |
|--|---------------|-----------------------------|-------------------------|-------------------------|------------------------|-----------------------------|-------------------------|--|
| Section A: Employee Information | tion | | | | | | | |
| NAME (LAST, FIRST, MI) | | | | | WORK PHONE # () | | | |
| | | | | | | | | |
| LAST FOUR DIGITS OF SOCIAL SECURITY # AGENCY/DEPT CODE | | | | | | | | |
| For more than three accounts or if you prefer to list each Financial Institution on a separate form, use additional forms as necessary. Up to seven fixed amount or percentage deposits may be processed as well as one excess (net pay) deposit. | | | | | | | | |
| Section B: Account Type | New or | Change | Change | Cancel | Name of | Account Numb | | |
| Section 2. Hecount Type | Additional * | Joint Account | Amount or Percentage | | Financial Institut | ion | Percentage or Excess | |
| | | Holder * | | | | | | |
| | (✔) | (✔) | (✔) | (✔) | | | | |
| 1. Savings Checking | | | | | | | | |
| 2. Savings Checking | | | | | | | | |
| 3. Savings Checking | | | | | | | | |
| *For new/additional accounts with joint ac | count holders | or to add a j | oint account h | older to ex | kisting accounts, b | ooth signatures are require | d in Section D. | |
| Section C: This section must be completed by your financial institution for new/additional accounts when directing | | | | | | | | |
| funds into a savings account of | | ecking a | ccount if a | voided | personal che | ck is not attached. | The employee's | |
| name MUST appear on the ac | | 4:44: T - | 4:C- 414 41-: | _ :4:44: | :- A CIIl- | 11 | | |
| As a representative of the below named financial institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. | | | | | | | | |
| Salary credited to the account below w | | | | | | | Ž | |
| 1. NAME OF FINANCIAL INSTITUTION | | | | | | Account Type | | |
| Depositor's Account Number (EFT Format) Routing Number | | | | | | | | |
| | | | | | - | | | |
| Print or Type Representative's Name Signature | | | of Representa | sentative Telephone Nun | | | Date | |
| | | | | | | • | | |
| 2. NAME OF FINANCIAL INSTI | ITUTION | | | | | Account Type | Savings Checking | |
| | | | | | | | | |
| Depositor's Account Number (EFT Format) Routing Number | | | | | | | | |
| Print or Type Representative's Name | | Signature of Representative | | | - | Telephone Number Date | | |
| Time of Type Representative's Name | , | Signature (| л кергезени | ative | | rerephone 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 | e S | Signature of Representative | | | | Telephone Number | Date | |
| | | | | | | | | |
| | | | | | | | | |
| Section D: Employee/Joint A | | | | | • | | | |
| this form, including the author | | | | | | | | |
| financial institution(s) to be deposite on the corresponding line for new/ac | | | | | ount holder for a | accounts listed in Section | on B, if any, must sign | |
| • | | | | | | Date | | |
| Employee Signature | | | | | | | | |
| 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.

<u>NOTE</u>: Direct deposit advice statements are distributed by the enrollee's agency. If the statement is unclaimed, it will be held by the agency for thirty (30) days after which time the statement will be destroyed.

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.