

Direct Deposit Form for NYS Employees

(To be used for enrollment, changes and cancellations)

D.O.B: _____

Section A: Employee Information

NAME (LAST, FIRST, MI) _____ WORK PHONE # (____) _____

NYS EMPLID # N _____ 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 Additional *	Change Joint Account Holder *	Change Amount or Percentage	Cancel	Name of Financial Institution	Account Number	Amount, Percentage or Excess
	(✓)	(✓)	(✓)	(✓)			
1. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							
2. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							
3. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							

*For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required 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 or into a checking account if a voided personal check is not attached. The employee's name MUST appear on the account(s).

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 will be available to the depositor on payday.

1. 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
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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
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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
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Section D: Employee/Joint Account Holders Certification: I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature _____ Date _____

B-1 Joint Account Holder _____ Date _____

B-2 Joint Account Holder _____ Date _____

B-3 Joint Account Holder _____ Date _____

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.

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.

NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS: 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, NYS EMPLID and Agency/Department code.

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.

CANCELLATIONS: 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.

NOTE: 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.

New York State Personal Privacy Law Notification

The New York State Office of the State Comptroller Bureau of State Payroll Services requests personal information on this form to operate the New York State Direct Deposit/Electronic Funds Transfer Program. This information is being requested pursuant to State Finance Law §200(4) and Part 102 of Title 2 of the New York Codes, Rules and Regulations. The information will be provided to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. An employee’s failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. The information provided will be maintained in the State Payroll System under the direction of the Bureau of State Payroll Services.

Memorandum

To: All Participants on Direct Deposit
From: Susan Jones-Crenshaw, Payroll Director
Re: Direct Deposit Stub

A stub will be sent to the Payroll Department from Albany reflecting all payroll information. You have the option to pick up the stub by the Monday following pay day, or have the stub sent to your department via batch method, where it is sent interoffice in a purple pouch. Please indicate your choice and return this memo to Payroll. Please be advised that if you do not pick up your stub by the end of the second payroll month, a month after the stub is dated, it will be destroyed in a secure manner.

Please indicate your choice below: (Please print clearly)

Last Name: _____

First Name: _____

SSN: _____

Home Phone: _____

Dept Ext: _____

- Please hold my stub in the Payroll Dept. I will pick it up by the second payroll of the month.
- Please send the stub to my department: _____

If you have any questions, please contact Ms. Faith Coleman at 212-396-6015

PAYROLL USE ONLY

N _____

REC _____

7003____

Addendum

Direct Deposit of Salary Enrollment Form Authorization for Cancellation

In addition to the cancellation terms specified on the back of the 'Direct Deposit of Salary Enrollment Form', the agreement represented by this authorization may be cancelled by providing the employee with a written notice 10 working days in advance of the cancellation date.

A cancellation does not take effect until the State Comptroller's Office is notified.

Print Name: _____

Signature: _____

Date: _____

This form must be signed and attached to the Direct Deposit of Salary Enrollment form.