

# Direct Deposit Form for NYS Employees

(To be used for enrollment, changes and cancellations)

<b>Section A: Employee Information</b>	
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 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 <input type="checkbox"/> Savings <input type="checkbox"/> 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 <input type="checkbox"/> Savings <input type="checkbox"/> 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 <input type="checkbox"/> Savings <input type="checkbox"/> Checking			
Depositor's Account Number (EFT Format) _____		Routing Number _____	
Print or Type Representative's Name	Signature of Representative	Telephone Number	Date

**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 _____

**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 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.

**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.

### **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.

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 canceled 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.

\_\_\_\_\_  
NAME(PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME(Signature)

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

MEMORANDUM

DATE: MAY, 2006

TO: ALL PARTICIPANTS ON DIRECT DEPOSIT

FROM: JEAN B. WILLIS, PAYROLL DIRECTOR

RE: DIRECT DEPOSIT CHECK 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 ON THE MONDAY FOLLOWING PAYDAY, OR TO HAVE THE STUB MAILED TO YOUR DEPARTMENT IN A BATCH METHOD. PLEASE INDICATE YOUR CHOICE AND RETURN THE FOLLOWING MEMO TO PAYROLL. PLEASE BE ADVISED THAT IF YOU DO NOT PICK UP THE STUB AT THE END OF THE SECOND PAYROLL OF THE MONTH, IT WILL BE MAILED TO THE DEPARTMENT.

PLEASE INDICATE YOUR CHOICE BELOW: (PLEASE PRINT)

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LAST NAME	FIRST NAME	DEPT.
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SSN:	Dept. Ext.	Area code & Home Phone
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\_\_\_\_\_ Please hold my stub in your office. I will pick it up after the second payroll of the month.

\_\_\_\_\_ Please send the stub to my department.

If you have any questions, please contact Mr. Charles Curry at ext 4395.

Cc: Sharon Neill  
Acting Director of Business Services