

DIRECT DEPOSIT OF SALARY ENROLLMENT/CHANGE FORM

INSTRUCTIONS: To establish/change a direct deposit, the employee and joint account holder, if any, must read the back of this form and complete in appropriate sections below. A separate enrollment/change form is required for each direct deposit transaction.

For a direct deposit to a "Checking Account", complete Section 1 and attach a voided personal check to Section 2. If a voided check is not attached to Section 2, or the direct deposit is to a "Savings Account", Section 2 must be completed by your financial institution. If changing the amount of an existing direct deposit, no canceled check or financial institution authorization is necessary; the employee must complete Section 1 including the amount or percent desired and fill in the account number in Section 2 exactly as shown on his/her direct deposit advice. **In all cases, the completed form must be forwarded to the payroll office of the State agency identified in Section 1.**

NOTE: 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 another form.

SECTION 1 - TO BE COMPLETED BY EMPLOYEE

TYPE OF TRANSACTION New Change To Existing Account Cancel

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	TELEPHONE NUMBER (WORK) Area Code ()										
ADDRESS (Home)	SOCIAL SECURITY NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
CITY STATE ZIP CODE	NYS DEPARTMENT ID/AGENCY CODE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
NAME AND ADDRESS OF FINANCIAL INSTITUTION	NYS AGENCY NAME AND ADDRESS										

ACCOUNT TYPE:
 (2) Checking (attach voided check to Section 2, or have Section 2 completed by your financial institution)
 (3) Savings (Section 2 must be completed by financial institution)

DIRECT DEPOSIT OPTIONS: *(Select One Per Enrollment Form)*
 Check One
 Deposit a fixed amount of \$ _____ (may include cents, i.e., \$100.25)
 Deposit _____ percent of net pay (full percentages only)
 Deposit net pay or excess of net pay after previously selected direct deposit(s)

DEPOSITOR CERTIFICATION

I CERTIFY I HAVE READ AND UNDERSTAND THE BACK OF THIS FORM, INCLUDING THE AUTHORIZATION FOR RECOVERY. IN SIGNING THIS FORM, I AUTHORIZE MY SALARY PAYMENT TO BE SENT TO THE FINANCIAL INSTITUTION NAMED ABOVE TO BE DEPOSITED TO THE DESIGNATED ACCOUNT.

SIGNATURE	DATE
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JOINT ACCOUNT HOLDERS CERTIFICATION

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE BACK OF THIS FORM, INCLUDING THE AUTHORIZATION FOR RECOVERY.

SIGNATURE	DATE
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SECTION 2- TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION IF DIRECTING FUNDS INTO A SAVINGS ACCOUNT OR IF A VOIDED PERSONAL CHECK IS NOT ATTACHED. THE ABOVE EMPLOYEE'S NAME MUST APPEAR ON THE ACCOUNT.

Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking (This CANNOT be a Trust Account to benefit another)																																								
Depositor's Account Number (EFT Format)	Routing Number	Check Digit																																						
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As representative of the above named Financial Institution I certify this Financial Institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the New York State Comptroller's Rules and Regulations and to be bound by such rules. Salary credited to the above account will be available to the depositor on pay day.																																								
Print or Type Representative's Name	Signature of Representative	Telephone Number ()	Date																																					

PLEASE READ THIS CAREFULLY

The information on this form is required under the New York State Comptroller's Rules and Regulations (2 NYCRR 102). The information is confidential and is needed to process payment data from the State to the financial institution and/or its agent. Failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

MULTIPLE DIRECT DEPOSITS

Employees may choose up to seven fixed amount or percent direct deposits, as well as one net pay or excess pay direct deposit after all fixed amount or percent direct deposits.

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the employee and each joint tenant, if any, each consent to allow the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled which was deposited to the account in error or by mistake. 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.

CANCELLATIONS

The agreement represented by this authorization remains in effect until cancelled by the employee or the financial institution. To cancel, the employee must complete an Enrollment/Change Form that contains all account data information as required in Section 1 or 2 for the transaction to be cancelled.

The agreement represented by this authorization may be cancelled by the financial institution 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.

CHANGES

Employees may add or delete a direct deposit by completing a new Direct Deposit of Salary Enrollment/Change Form. New fixed amount or percent direct deposits will be assigned a lesser priority than existing fixed amount or percent 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 officer.

Financial institution changes may take up to two payroll periods. Employees should maintain accounts deleted and replaced by new accounts until the transaction is complete, i.e., until the new financial institution receives the employee's direct deposit transaction. If accounts at deleted financial institutions are not maintained, employees may experience a delay in payments until new authorizations take effect.