

# 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 # (____) _____
NYS EMPLID # <u>N</u> _____	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 \_\_\_\_\_

**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.**