

Direct Deposit Form for Non-Tax Levy Payroll

(To be used for enrollment, changes and cancellations)

Section A: Employee Information	EMAIL _____
NAME (LAST, FIRST, MI) _____	WORK PHONE # (____) _____
DEPARTMENT _____	LAST 4 OF SS _____

Section B: Account Type	New or Additional *	Change Joint Account Holder *	Cancel	Name of Financial Institution	Account Number
<input checked="" type="checkbox"/> Savings <input checked="" type="checkbox"/> Checking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section E.

Section C:

Please Attach A Void Check Copy Here

Section D: 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 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

Section E: 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 to be deposited into the specified account. The joint account holders for an account listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature _____ Date _____

B: 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.