

DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Employee SSN: _____

As a New York State employer, we have the option of paying your wages in the form of cash or check. This does not require your approval. We may also pay your wages by direct deposit. This form of payment does require your approval. To receive your wages by direct deposit to a financial institution of your choice, please read, complete and sign below.

Bank Name #1: _____

Account No : _____

CHECKING ACCOUNT \$ _____
SAVINGS ACCOUNT \$ _____

Routing No: _____

Bank Name #2: _____

Account No : _____

CHECKING ACCOUNT \$ _____
SAVINGS ACCOUNT \$ _____

Routing No.: _____

Bank Name #3: _____

Account No : _____

CHECKING ACCOUNT \$ _____
SAVINGS ACCOUNT \$ _____

Routing No.: _____

On this day I have been notified of my options of payment methods. I give consent to the above listed employer to pay my wages through Direct Deposit to the financial institution that I have designated above. If paying by methods other than cash or check, I understand that I may not be charged fees for services necessary to access my wages in full.

Please note that we must receive your written consent at least seven business days prior to paying wages by direct deposit. You can also withdraw consent at any time.

_____ I HEREBY AUTHORIZE MY EMPLOYER TO DIRECTLY DEPOSIT MY NET PAY EACH PAY PERIOD, AND TRANSMIT SAME TO THE ABOVE BANK(S).

_____ PLEASE DISCONTINUE MY DIRECT DEPOSIT.

Effective Date: _____

Employee Signature

Processed Date: _____

HR Signature