**Related Entities of**

**New York City College of Technology, Inc.**

**Direct Deposit Authorization Form**

(To be used for enrollment, changes and cancellations)

**Section A:** Employee Information

**NAME** (LAST, FIRST, MI)

**WORK PHONE #** ( )

**DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.  Savings  Checking |  |  |  |  |  |  |  |
| 2.  Savings  Checking |  |  |  |  |  |  |  |
| 3.  Savings  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  Savings  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  Savings  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  Savings  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

Rev 11/2016

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**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 Department name.

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 agency, 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 agency 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. 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 agency with a written notice 30 days in advance of the cancellation date.

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