

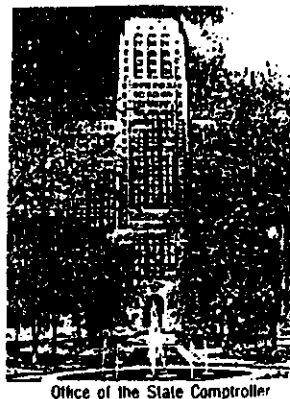
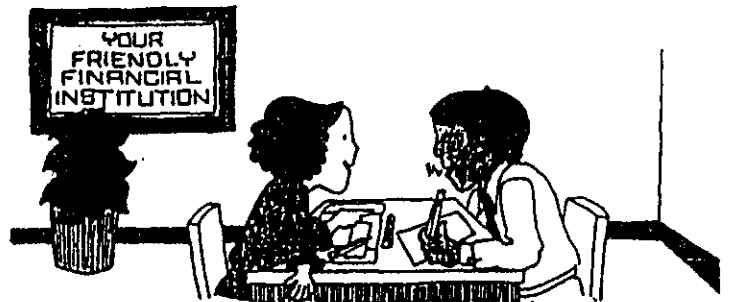
# How Does Direct Deposit Work?

Employees complete Section 1 of the Direct Deposit of Salary Enrollment Form (AC 2772) by indicating:

1. Name
2. Address (including city, state & zip code)
3. Telephone number at work
4. Social Security Number
5. Agency Code
6. Line item number
7. Type of account
8. Account number
9. Agency name & complete address
10. Signature and date (if joint account, signature of both parties must appear.)

Employees should bring the Enrollment Form to the financial institution of their choice for verification of account information and certification (Section 2 of the Enrollment Form). The Enrollment Form should be forwarded to Payroll/Personnel Office.

Your name and account number (with your financial institution) will be established in the Direct Deposit Program.

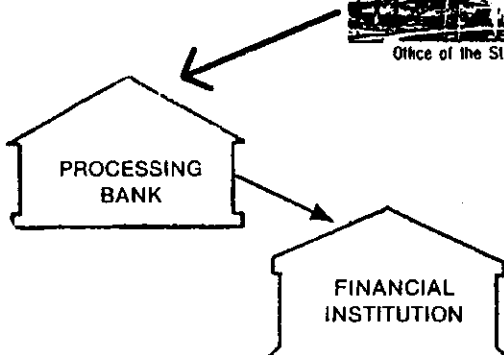


Office of the State Comptroller

For each pay period, OSC prepares payroll data consisting of account numbers and net pay amounts for all employees. This information is then provided to the processing bank.

The processing bank acts as the intermediary between OSC and the financial institutions. Each financial institution receives net salary amounts for posting to the designated accounts.

The financial institution credits the employees' account and the employee can begin using the funds.



## 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: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></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 <b>CANNOT</b> 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														



**ADDENDUM  
DIRECT DEPOSIT OF SALARY  
ENROLLMENT FORM**

**AUTHORIZATION FOR CANCELLATION BY  
EMPLOYEE'S COLLEGE FOR DIRECT DEPOSIT**

In addition to the cancellation terms specified on the back of the "Direct Deposit Form for NYS Employees" the agreement represented by this authorization may be canceled by the employing college by providing the employee with a written notice 10 working days in advance of the cancellation date.

A cancellation does not take effect until the State Comptroller's Office is notified.

\_\_\_\_\_  
**EMPLOYEE'S NAME (PRINT)**

\_\_\_\_\_  
**TITLE (PRINT)**

\_\_\_\_\_  
**EMPLOYEE'S (SIGNATURE)**

\_\_\_\_\_  
**DATE**

This form must be completed and attached to the *Direct Deposit Form for NYS Employees*.