

Notice and Consent for Direct Deposit

Employer Information

Name: _____

Address: _____

Employee Work Location: _____ Phone Number: _____

Methods of Payment

As a New York State employer, we must pay your wages in a check format. This does not require your approval. We may also pay your wages by direct deposit or payroll debit card. These forms of payment require you to approve. If you do not approve, we will pay you a check format.

If you would like to receive your wages by direct deposit to a financial institution of your choice, please read and sign below.

Direct Deposit Consent:

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 a financial institution that I have selected.

1. Bank Name: _____

City, State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit \$_____ Entire Net Amount

2. Bank Name: _____

City, State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit \$_____ Entire Net Amount

Print Employee Name

Employee Signature

Date

Social Security #

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 anytime and discontinue your enrollment in the payroll debit card payment method.

ATTACH VOIDED CHECK OR BANK LETTER AS PROOF OF ACCOUNT NUMBER AND ROUTING & TRANSIT NUMBER.