DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE AC 2772 (REV 07/2020)

SECTION A: EMPLOYEE INFORMATION (REQUIRED)

NAME (LAST, FIRST, MI)	**NYS EMPLID** N	**LAST 4 SSN**
PHONE (AREA CODE + PHONE NUMBER) ( )	**WORK EMAIL**	
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		

SECTION B: BALANCE ACCOUNT INFORMATION (REQUIRED)

Participating in full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be last in the deposit order. Non-payroll amounts, such as travel reimbursements, will be deposited in the balance account. If no other accounts are listed, the full net pay will be deposited into the balance account. The employee's name **must** appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.

BALANCE ACCOUNT (REQUIRED)	ACTION ☐ New ☐ Change Account ☐ Add/Change Joint Account Holder	
TYPE ☐ Checking ☐ Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION ☑ Excess

SECTION C: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)

Up to **seven** fixed amount or percentage deposits may be processed in addition to the balance account listed in Section B. The employee's name **must** appear on the account(s). A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for each account listed.

DEPOSIT ORDER-1	ACTION ☐ Add ☐ Change Distribution ☐ Add/Change Joint Account Holder ☐ Cancel	
TYPE ☐ Checking ☐ Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION $_____ or _____ %
DEPOSIT ORDER-2	ACTION ☐ Add ☐ Change Distribution ☐ Add/Change Joint Account Holder ☐ Cancel	
TYPE ☐ Checking ☐ Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION $_____ or _____%
DEPOSIT ORDER-3	ACTION ☐ Add ☐ Change Distribution ☐ Add/Change Joint Account Holder ☐ Cancel	
TYPE ☐ Checking ☐ Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION $_____ or _____%
DEPOSIT ORDER-4	ACTION ☐ Add ☐ Change Distribution ☐ Add/Change Joint Account Holder ☐ Cancel	
TYPE ☐ Checking ☐ Savings	ACCOUNT #:	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION $_____ or _____%
DEPOSIT ORDER-5	ACTION ☐ Add ☐ Change Distribution ☐ Add/Change Joint Account Holder ☐ Cancel	
TYPE ☐ Checking ☐ Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION $_____ or _____%
DEPOSIT ORDER-6	ACTION ☐ Add ☐ Change Distribution ☐ Add/Change Joint Account Holder ☐ Cancel	
TYPE ☐ Checking ☐ Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION $_____ or _____%
DEPOSIT ORDER-7	ACTION ☐ Add ☐ Change Distribution ☐ Add/Change Joint Account Holder ☐ Cancel	
TYPE ☐ Checking ☐ Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION $_____ or _____%

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SECTION D: DIRECT DEPOSIT STATEMENT OPTIONS (OPTIONAL)

Check the box to opt out of receiving a printed copy of your direct deposit pay stub:

☐ Go Paperless* - I do not want a printed copy of my Direct Deposit pay stub sent to me. I understand that I will **not** receive a printed copy of my Direct Deposit pay stub. I understand that I can view and print my electronic pay stubs as well as change my Direct Deposit statement option with NYS Payroll Online (NYSPO): https://psonline.osc.ny.gov

**Go Paperless is only provided to agencies enrolled in NYSPO. Contact your payroll officer or Human Resources office to determine whether your agency is enrolled in NYSPO.*

SECTION E: AUTHORIZATION (REQUIRED)

The joint account holder for accounts listed in Sections B and C, if any, must sign on the corresponding line for new/additional accounts or changes in account holder(s). By signing this form, the employee and any joint account holder allows the State, 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 State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

BALANCE ACCOUNT JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-1 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-2 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-3 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-4 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-5 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-6 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-7 JOINT ACCOUNT HOLDER	DATE

I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my NYS salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s), and all non-payroll amounts due to me to be sent to the designated financial institution to be deposited into the balance account designated. I understand that this form supersedes any previous elections I have made, and that changes may take up to two payroll periods to become effective.

EMPLOYEE SIGNATURE _____ **DATE** _____

CANCELLATIONS

The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. 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. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee's direct deposits when internal control policies would be compromised by this form of salary payment.

NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION

The New York State Office of the State Comptroller Bureau of State Payroll Services requests personal information on this form to operate the New York State Direct Deposit/Electronic Funds Transfer Program. This information is being requested pursuant to State Finance Law §200(4) and Part 102 of Title 2 of the New York Codes, Rules and Regulations. The information will be provided to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. An employee's failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. The information provided will be maintained in the State Payroll System under the direction of the Bureau of State Payroll Services.