

Questions? Call us! **Albany:** 518.456.1611 or **Troy:** 518.286.1611



Direct Deposit Request

Complete this form, then print it, sign it and take it to your employer's payroll department to request direct deposit of your paycheck.

EMPLOYER NAME

MEMBER NAME

ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY #

ACCOUNT #

Financial Institution RTN: **221382358**

Account Type (check one) Savings Checking

Amount (check one) Net Pay Set Amount \$ _____

I hereby authorize _____ [name of business] to deposit my funds each payday directly to my account(s) as indicated. I agree to notify you immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event you notify my financial institution that I am not entitled to the funds deposited to my account, my financial institution is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting fees incurred at the financial institution, and that you cannot issue the payroll funds to me until the funds are returned to you by my financial institution.

MEMBER SIGNATURE

DATE

PLEASE NOTE: depending on the timing of your pay periods, it may take more than one cycle for this process to be setup and your employer may require additional information to complete your request. You should complete a separate sheet for each direct deposit account. This form is a general use form, some employers may require a specific form.

