

## 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 can pay your wages in cash or check. 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 in cash or check.

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

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.