Notice and Consent for Direct Deposit

Employee Name:		
Company Name:		
Company Street Address:		
City:	State:	Zip:

Methods of Payment

As a New York State employer, we have the option of paying your wages in the form of cash or check. This does not require your approval. We may also pay your wages by direct deposit. This form of payment does 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, complete and sign below.

BANK/FINANCIAL INSTITUTION INFORMATION

Name of Bank or Financial Institution:		
Street Address:		
City:	State:	Zip:

BANK ACCOUNT INFORMATION

Deposit to My: ☐ Checking Account (attach voided check) ☐ Savings Account (attach deposit slip)

Transit/Routing (ABA) Number

Account Number at Financial Institution

Deposit Amount: ☐ All ☐ Part $ _____

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 the financial institution that I have designated above. If paying by methods other than cash or check, I understand that I may not be charged fees for services necessary to access my wages in full.

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 any time.

Note: Direct deposits will normally be available on the employer's regular payday. However, the employer is not responsible for delays caused by the banking institution(s) or automatic clearing house(s) (e.g., due to holidays).

Employee Signature:	Date:

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