

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

Direct Deposit Form for NYS Employees

(To be used for enrollment, changes and cancellations)

Section A: Employee Information

NAME (LAST, FIRST, MI) _____ WORK PHONE # (____) _____

LAST FOUR DIGITS OF SOCIAL SECURITY # _____ AGENCY/DEPT CODE _____

For more than three accounts or if you prefer to list each Financial Institution on a separate form, use additional forms as necessary. Up to seven fixed amount or percentage deposits may be processed as well as one excess (net pay) deposit.

| Section B: Account Type | New or Additional * | Change Joint Account Holder * | Change Amount or Percentage | Cancel | Name of Financial Institution | Account Number | Amount, Percentage or Excess |
|---|---------------------|-------------------------------|-----------------------------|--------|-------------------------------|----------------|------------------------------|
| | (✓) | (✓) | (✓) | (✓) | | | |
| 1. <input type="checkbox"/> Savings <input type="checkbox"/> Checking | | | | | | | |
| 2. <input type="checkbox"/> Savings <input type="checkbox"/> Checking | | | | | | | |
| 3. <input type="checkbox"/> Savings <input type="checkbox"/> Checking | | | | | | | |

*For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section D.

Section C: This section must be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. The employee's name MUST appear on the account(s).

As a representative of the below named financial institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.

1. NAME OF FINANCIAL INSTITUTION Education Associates PCN Account Type Savings Checking

Depositor's Account Number (EFT Format) _____ Routing Number 226081942

| | | | |
|-------------------------------------|-----------------------------|---------------------|------|
| Print or Type Representative's Name | Signature of Representative | Telephone Number | Date |
| | | <u>212 302 1954</u> | |

2. NAME OF FINANCIAL INSTITUTION _____ Account Type Savings Checking

Depositor's Account Number (EFT Format) _____ Routing Number _____

| | | | |
|-------------------------------------|-----------------------------|------------------|------|
| Print or Type Representative's Name | Signature of Representative | Telephone Number | Date |
| | | | |

3. NAME OF FINANCIAL INSTITUTION _____ Account Type Savings Checking

Depositor's Account Number (EFT Format) _____ Routing Number _____

| | | | |
|-------------------------------------|-----------------------------|------------------|------|
| Print or Type Representative's Name | Signature of Representative | Telephone Number | Date |
| | | | |

Section D: Employee/Joint Account Holders Certification: I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature _____ Date _____

B-1 Joint Account Holder _____ Date _____

B-2 Joint Account Holder _____ Date _____

B-3 Joint Account Holder _____ Date _____