

Direct Deposit Form for Related Entity Employees

_____ Auxiliary _____ Association

Section A. Employee Information

Name (Last, First, MI): _____ Work phone # _____

Social Security Number: _____ Dept: _____

Section B: Bank Information - The employees name MUST appear on the account.

Type of Account: _____ Checking _____ Savings

Indicate if joint account _____ Name of joint account holder _____

Name of Financial Institution: _____

Account Number: _____ ABA/Routing Number: _____

You must attach a voided check. If you do not attach a voided check your financial institution must complete and sign the section below.

Section C: FINANCIAL INSTITUTION CERTIFICATION

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.

Name of Financial Institution: _____

Account type: _____ Checking _____ Savings

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

Print or Type Representatives Name _____

Signature of Bank Representative _____ Date: _____

Telephone number _____

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 to be deposited into the specified account. The joint account holder, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature _____ Date _____

Joint Account Holder _____ Date _____

Joint Account Holder _____ Date _____