CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES DIRECT DEPOSIT OF SALARY ENROLLMENT/CHANGE FORM

Employee Information:			
Employee Name:	First	MI	
Department:			
Action to Be Taken:			
Check the appropriate box:			
☐ I am enrolling in direct deposit for the first time.			
☐ I am changing my direct deposit to another account and/or financial institution.			
Deposit Information:			
Account Type (check one)	Name of Financial Institution	n Routing Number	Account Number
Checking			
☐ Savings			
The Account number is the next series of numbers after the Routing number.			
If you are depositing into a CHECKING account, you must also <u>attach a voided check, a photocopy of a check</u> or a checking account deposit slip.			
I hereby authorize my employer, Chautauqua County, to deposit my net pay into my account at the bank or credit union identified above. My employer is also authorized to draw drafts to adjust any over-deposit that it has caused to be made to my account. I will not hold my bank or credit union liable for any erroneous deposits or adjustments made by my employer.			
Employee Signature			Date
The following sections are for use by the Department of Human Resources only:			
Employee No.:	are for use by the Department of	Pay Cycle: 2 4	□5 □7 □8
		Start Date for New Deposit Authorization:	
		Comments:	

Instructions for Completing This Form

For assistance, please contact the Human Resources Department at (716) 753-4237

- 1. Complete the employee information at the top of the form.
- 2. Check the appropriate box under the "Action To be Taken" section.
- 3. For the **Deposit Information**, please put an "X" or a checkmark in the appropriate box to indicate whether you want your wages deposited in your checking or savings account. Complete the boxes for "name of financial Institution", "routing number" and "account number".
- 4. Please attach one of the following:

Checking account – voided check, photocopy of check, or deposit slip **Savings** account – deposit slip with the routing and account numbers

- 5. Read the sections below regarding **Authorization for Recovery** and **Changes**.
- 6. Sign and date the form. Forward or mail this completed form to the Chautauqua County Department of Human Resources, Gerace Office Building, RM 144, 3 North Erie Street, Mayville, New York 14757.

<u>CHANGES</u>: Employees may change financial institution and/or account information by completing a new Direct Deposit of Salary Enrollment/Change Form. This form is a legal document and cannot be altered by the bank or credit union, Chautauqua County or the employee. Any changes must be made by having the employee complete a new form.

<u>Please Note:</u> When your current direct deposit account is being stopped and a new account is being opened, you may receive paycheck(s) until the process has been completed. It is your responsibility to make sure your pay has been deposited into the new account before making withdrawals or writing checks

<u>AUTHORIZATION FOR RECOVERY</u>: By signing this form, the employee and any joint tenant, if any, each consent to allow the County, through the Bank or Credit Union, to debit the account in order to recover any salary to which the employee was not entitled and which was deposited to the account in error or by mistake. This means of recovery shall not prevent the County from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

The information on this form is required under the New York State Comptroller's Rules and Regulations (2 NYCRR 102). The information supplied by the employee will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.