INSTRUCTIONS FOR SUBMITTING FORMS WITH SENSITIVE INFORMATION

In order to protect the security of your personal information, you must adhere to the instructions below to e-mail your documents to OHR. OHR will not accept any documents or forms with sensitive information if they are not submitted to our office in a secure manner.

Option I: Password Protecting the Forms and Attachments

- The sender should password protect the attachment(s) and send it via email to OHR. Please review the Adobe instructions to add a password to PDF’s.

- The sender should send the password in a separate email to OHR and include an alternate phone number if the number in CUNYfirst is out of service to reach the sender.

- OHR staff will contact the sender by telephone to validate they, indeed, submitted the form.

Option II: If you are unable to use Option I

- Please fill out the form but leave the sections that require sensitive information blank and email it to OHR from your GC email account. Please add the best number to reach you in the body of your email.

- OHR staff will call you on the telephone number on record in CUNYfirst to receive your sensitive information and include that information on the form you submitted before processing the request.
Guide to Completing the AC-2772 Direct Deposit Form for NYS Employees

If you are an employee of NYS and would like to begin direct deposit or modify how your funds are distributed, you must complete the DIRECT DEPOSIT FORM FOR NYS EMPLOYEES – Form AC-2772. Below are guidelines to follow when completing the form.

Section A:
Section A must be completed in its entirety with your personal information. This will be used by the agency to help verify your identity and insure your account information is added to the correct payroll record.

Section B and Section C:
Sections B and C must be filled out with your bank information. Examples are provided below demonstrating how to complete these sections for different types of direct deposit transactions and combinations of transactions.

Example 1 – Entire Check into 1 Account:
I want my entire paycheck deposited into my checking account.

Complete the following information in Section B:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ACTION</th>
<th>ACCOUNT</th>
<th>ROUTING</th>
<th>DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
<td>New</td>
<td>444444444444444</td>
<td>4444444444</td>
<td>Excess</td>
</tr>
</tbody>
</table>

Action: New
Type: Checking
Account #: Your checking account number
Routing #: Your 9 digit bank routing number
Financial Institution: Name of your Bank

Example 2 – Entire Check into Multiple Accounts (Percentage):
I want 10% of my paycheck deposited into my savings account at Bank 1, 15% into my checking account at Bank 2, and the remainder deposited into my checking account at Bank 1.

Example 3 – Entire Check into 1 Account plus Additional Transactions
I want my entire paycheck deposited into my checking account, and an additional amount deposited into my savings account at Bank 1.

Complete the following additional information:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ACTION</th>
<th>ACCOUNT</th>
<th>ROUTING</th>
<th>DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings</td>
<td>Add/Change Joint Account Holder</td>
<td>444444444444444</td>
<td>4444444444</td>
<td>Excess</td>
</tr>
</tbody>
</table>

Action: Add/Change Joint Account Holder
Type: Savings
Account #: Your savings account number
Routing #: Your 9 digit bank routing number
Financial Institution: Name of your Bank

Notes:
- Ensure all information is accurate and up-to-date.
- Keep a copy of the completed form for your records.
- If you have any questions, contact the agency for assistance.
Complete the following information in Section B:

**SECTION B: BALANCE ACCOUNT INFORMATION (REQUIRED)**

Participating in full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be last in the deposit order. Non-payroll amounts, such as travel reimbursements, will be deposited in the balance account. If no other accounts are listed, the full net pay will be deposited into the balance account. The employee’s name must appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ACTION</th>
<th>ACCOUNT</th>
<th>ROUTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
<td>New</td>
<td>444444444444</td>
<td>444444444</td>
</tr>
</tbody>
</table>

**FINANCIAL INSTITUTION:** Example Bank 1

**ACTION:** New

**TYPE:** Checking

**Account #:** Your checking account number

**Routing #:** Your 9 digit bank routing number for Bank 1

**Financial Institution:** Name of Bank 1

Complete the following information in Section C:

**SECTION C: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)**

Up to seven fixed amount or percentage deposits may be processed in addition to the balance account listed in Section B. The employee’s name must appear on the account(s). A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for each account listed.

<table>
<thead>
<tr>
<th>DEPOSIT ORDER</th>
<th>ACTION</th>
<th>ACCOUNT</th>
<th>ROUTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDER-1</td>
<td>Add</td>
<td>4444444444</td>
<td>444444444</td>
</tr>
<tr>
<td>ORDER-2</td>
<td>Add</td>
<td>99999999945</td>
<td>123456789</td>
</tr>
</tbody>
</table>

**FINANCIAL INSTITUTION:** Example Bank 2

**ACTION:** Add

**TYPE:** Checking

**Account #:** Your Checking Account Number

**Routing #:** Your 9 digit bank routing number for Bank 2

**Financial Institution:** Name of Bank 2

**Distribution (%):** 10

**Direct Deposit Distributions would be as follows:**

$1000 Net Pay:

Deposit Order – 1 = $100

Deposit Order – 2 = $150

Balance Account = $750
$450 Net Pay:
Deposit Order – 1 = $45
Deposit Order – 2 = $67.50
Balance Account = $337.50

Example 3 - Entire Check Multiple Accounts (Amount):
I want $200 of my paycheck deposited into my savings at Bank 1, $600 into my checking at Bank 1, and the remainder deposited into my checking account at Bank 2.

Complete the following information in Section B:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ACTION</th>
<th>ACCOUNT #</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
<td>New</td>
<td>99999999945</td>
<td>123456789</td>
</tr>
</tbody>
</table>

Action: New  
Type: Checking  
Account #: Your Checking Account Number at Bank 2  
Routing #: 9 digit bank routing number for Bank 2  
Financial Institution: Name of Bank 2

Complete the following information in Section C:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ACTION</th>
<th>ACCOUNT #</th>
<th>ROUTING #</th>
<th>DISTRIBUTION</th>
<th>Distribution ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
<td>Add</td>
<td>4444444444</td>
<td>4444444444</td>
<td>$200.00</td>
<td>200</td>
</tr>
</tbody>
</table>

Deposit Order - 1 (first priority deposit):
Action: Add  
Type: Savings  
Account #: Your Savings Account Number at Bank 1  
Routing #: 9 digit bank routing number for Bank 1  
Financial Institution: Name of Bank 1  
Distribution ($): 200
Deposit Order - 2 (second priority deposit):
   Action: Add
   Type: Checking
   Account #: Your Checking Account Number at Bank 1
   Routing #: 9 digit bank routing number for Bank 1
   Financial Institution: Name of Bank 1
   Distribution ($): 600

Direct Deposit Distributions would be as follows:

$1000 Net Pay:
   Deposit Order – 1  = $200
   Deposit Order – 2 = $600
   Balance Account = $200

$450 Net Pay:
   Deposit Order – 1  = $200
   Deposit Order – 2 = $250
   Balance Account = $0

Example 4 - Entire Check Multiple Accounts (Amount/Percent):
I want $300 of my paycheck deposited into my savings at Bank 1, 50% into my checking at Bank 1, and the remainder deposited into my checking account at Bank 2.

Note: All percentage deductions are calculated on the Net Pay. Therefore, no money will be deposited into the balance account until the Net Pay is greater than $600 ($300 + 50%) to cover the first two deposits.

Complete the following information in Section B:

**SECTION B: BALANCE ACCOUNT INFORMATION (REQUIRED)**

Participating in full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be last in the deposit order. Non-payroll amounts, such as travel reimbursements, will be deposited in the balance account. If no other accounts are listed, the full net pay will be deposited into the balance account. The employee’s name must appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ACTION</th>
<th>ACCOUNT #</th>
<th>ROUTING #</th>
<th>DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
<td>New</td>
<td>99999999945</td>
<td>123456789</td>
<td>Excess</td>
</tr>
</tbody>
</table>

Action: New
Type: Checking
Account #: Your Checking Account Number at Bank 2
Routing #: 9 digit bank routing number for Bank 2
Financial Institution: Name of Bank 2
Complete the following information in Section C:

**SECTION C: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)**

Deposit Order - 1 (first priority deposit):
- Action: Add
- Type: Savings
- Account #: Your Savings Account Number at Bank 1
- Routing #: 9 digit bank routing number for Bank 1
- Financial Institution: Name of Bank 1
- Distribution ($): 300

Deposit Order - 2 (second priority deposit):
- Action: Add
- Type: Checking
- Account #: Your Checking Account Number at Bank 1
- Routing #: 9 digit bank routing number for Bank 1
- Financial Institution: Name of Bank 1
- Distribution (%): 50

Direct Deposit Distributions would be as follows:

$1000 Net Pay:
- Deposit Order – 1 = $300
- Deposit Order – 2 = $500
- Balance Account = $200

$450 Net Pay:
- Deposit Order – 1 = $300
- Deposit Order – 2 = $150
- Balance Account = $0

**Section D:**

This section should be checked only if your agency participates in NYSPO and you would like to view your direct deposit information in NYSPO and stop receiving your printed advice.

**Section E:**

This section must be signed by you and any joint account holders.
Memorandum

To: All Participants on Direct Deposit
From: David Boxill, Executive Director of Human Resources
Re: Direct Deposit Stub (Advice)

Effective with paychecks dated April 9, 2020 all employees on State payroll who have direct deposit will automatically be enrolled in the Direct Deposit Advice Direct Mail Program until further notice. The Office of the State Comptroller (OSC) will begin mailing all employee direct deposit advices (stubs) directly to employees. This will reduce employee interactions on payday and help us all manage potential COVID-19 exposure to all staff.

Employees not on direct deposit, the treasury intends to begin mailing paper paychecks directly to employees the week of March 23rd.

We are encouraging you to:

1) Verify with the payroll office that your address is correct, if changed, please send change of address to payroll as soon as possible which can be found on the link below.
   Change of Address Form

2) Sign up for Direct Deposit if you have not, see link below. Note: all direct deposit sent online must be password protected.
   Direct Deposit Form for NYS Employees (AC 2772)
Addendum

Direct Deposit of Salary Enrollment Form
Authorization for Cancellation

In addition to the cancellation terms specified on the back of the ‘Direct Deposit of Salary Enrollment Form’, the agreement represented by this authorization may be cancelled by providing the employee with a written notice 10 working days in advance of the cancellation date.

A cancellation does not take effect until the State Comptroller’s Office is notified.

Print Name: ___________________________________________

Signature: _______________________________________________________________________

Date: ______________________

This form must be signed and attached to the Direct Deposit of Salary Enrollment form.
DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE

SECTION A: EMPLOYEE INFORMATION (REQUIRED)

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MI)</th>
<th>NYS EMPLID</th>
<th>LAST 4 SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE (AREA CODE + PHONE NUMBER)</td>
<td>WORK EMAIL</td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION B: BALANCE ACCOUNT INFORMATION (REQUIRED)

Participating in full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be last in the deposit order. Non-payroll amounts, such as travel reimbursements, will be deposited in the balance account. If no other accounts are listed, the full net pay will be deposited into the balance account. The employee’s name must appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.

<table>
<thead>
<tr>
<th>BALANCE ACCOUNT (REQUIRED)</th>
<th>ACTION</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>FINANCIAL INSTITUTION</td>
<td>DISTRIBUTION</td>
<td>Excess</td>
</tr>
</tbody>
</table>

SECTION C: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)

Up to seven fixed amount or percentage deposits may be processed in addition to the balance account listed in Section B. The employee’s name must appear on the account(s). A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for each account listed.

<table>
<thead>
<tr>
<th>DEPOSIT ORDER-1</th>
<th>ACTION</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>FINANCIAL INSTITUTION</td>
<td>DISTRIBUTION</td>
<td>or</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPOSIT ORDER-2</th>
<th>ACTION</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>FINANCIAL INSTITUTION</td>
<td>DISTRIBUTION</td>
<td>or</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPOSIT ORDER-3</th>
<th>ACTION</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>FINANCIAL INSTITUTION</td>
<td>DISTRIBUTION</td>
<td>or</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPOSIT ORDER-4</th>
<th>ACTION</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>FINANCIAL INSTITUTION</td>
<td>DISTRIBUTION</td>
<td>or</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPOSIT ORDER-5</th>
<th>ACTION</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>FINANCIAL INSTITUTION</td>
<td>DISTRIBUTION</td>
<td>or</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPOSIT ORDER-6</th>
<th>ACTION</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>FINANCIAL INSTITUTION</td>
<td>DISTRIBUTION</td>
<td>or</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPOSIT ORDER-7</th>
<th>ACTION</th>
<th>ROUTING #</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE</td>
<td>Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>FINANCIAL INSTITUTION</td>
<td>DISTRIBUTION</td>
<td>or</td>
</tr>
</tbody>
</table>
SECTION D: DIRECT DEPOSIT STATEMENT OPTIONS (OPTIONAL)
Check the box to opt out of receiving a printed copy of your direct deposit pay stub:

☐ Go Paperless* - I do not want a printed copy of my Direct Deposit pay stub sent to me. I understand that I will not receive a printed copy of my Direct Deposit pay stub. I understand that I can view and print my electronic pay stubs as well as change my Direct Deposit statement option with NYS Payroll Online (NYSPO): https://psoonline.osc.ny.gov

*Go Paperless is only provided to agencies enrolled in NYSPO. Contact your payroll officer or Human Resources office to determine whether your agency is enrolled in NYSPO.

SECTION E: AUTHORIZATION (REQUIRED)
The joint account holder for accounts listed in Sections B and C, if any, must sign on the corresponding line for new/additional accounts or changes in account holder(s). By signing this form, the employee and any joint account holder allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

<table>
<thead>
<tr>
<th>BALANCE ACCOUNT</th>
<th>JOINT ACCOUNT HOLDER</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPOSIT ORDER-1</td>
<td>JOINT ACCOUNT HOLDER</td>
<td>DATE</td>
</tr>
<tr>
<td>DEPOSIT ORDER-2</td>
<td>JOINT ACCOUNT HOLDER</td>
<td>DATE</td>
</tr>
<tr>
<td>DEPOSIT ORDER-3</td>
<td>JOINT ACCOUNT HOLDER</td>
<td>DATE</td>
</tr>
<tr>
<td>DEPOSIT ORDER-4</td>
<td>JOINT ACCOUNT HOLDER</td>
<td>DATE</td>
</tr>
<tr>
<td>DEPOSIT ORDER-5</td>
<td>JOINT ACCOUNT HOLDER</td>
<td>DATE</td>
</tr>
<tr>
<td>DEPOSIT ORDER-6</td>
<td>JOINT ACCOUNT HOLDER</td>
<td>DATE</td>
</tr>
<tr>
<td>DEPOSIT ORDER-7</td>
<td>JOINT ACCOUNT HOLDER</td>
<td>DATE</td>
</tr>
</tbody>
</table>

I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my NYS salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s), and all non-payroll amounts due to me to be sent to the designated financial institution to be deposited into the balance account designated. I understand that this form supersedes any previous elections I have made, and that changes may take up to two payroll periods to become effective.

EMPLOYEE SIGNATURE ___________________________ DATE ______________

CANCELLATIONS
The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee’s direct deposit transaction, employees may experience a delay in payments. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee’s direct deposits when internal control policies would be compromised by this form of salary payment.

NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION
The New York State Office of the State Comptroller Bureau of State Payroll Services requests personal information on this form to operate the New York State Direct Deposit/Electronic Funds Transfer Program. This information is being requested pursuant to State Finance Law §200(4) and Part 102 of Title 2 of the New York Codes, Rules and Regulations. The information will be provided to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. An employee’s failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. The information provided will be maintained in the State Payroll System under the direction of the Bureau of State Payroll Services.