



Payroll Department
124 Grand Street
Newburgh, NY 12550
(845) 563 - 3440

Secondary Direct Deposit Authorization Form

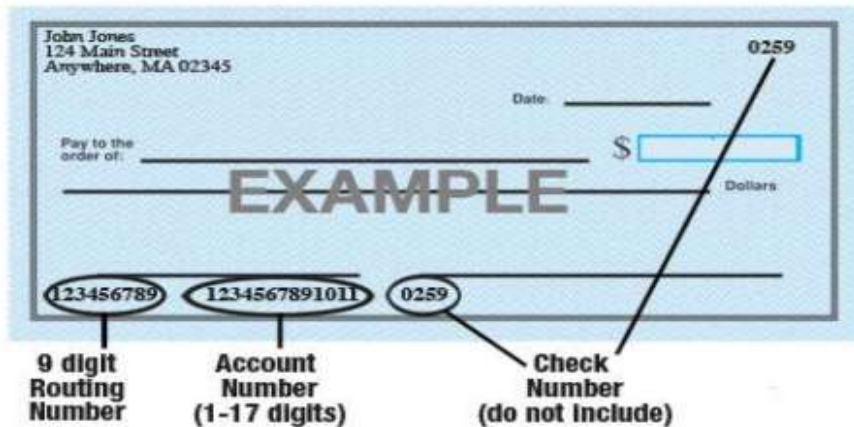
Please fill in all fields with BLUE ink.

Name: _____ ID # _____

Address: _____
City, State Zip

Phone: _____

*** You Must Attach A Voided Check or Printout From Your Bank ***



Secondary Deposit Account:	Check One -	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name of Bank: _____			
Routing Number		Account Number	
Deposit Fixed Amount: _____ (Per Pay Period)			
<i>Remainder Amount will go to the Primary Account on File</i>			

Employee Signature: _____ **Date:** _____

Original form must be submitted. Emails or scanned copies will NOT be accepted.

Payroll Use Only:	<u>Verification Method</u>
Employee's Initials _____	<input type="checkbox"/> Phone <input type="checkbox"/> In Person-ID <input type="checkbox"/> HR Onboarding