

Employee's Initials

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

Direct Deposit Authorization Form

Please fill in all fields with **<u>BLUE</u>** ink.

Name:	ID #		
Address:			
-	City,	State	Zip
Phone:			

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

	John Jones 124 Main Stree Anywhere, MA Pay to the order of	EXA 123456789101	Date S MPLE	0259 Dollars			
	9 digit Routing Number	Account Number (1-17 digits)	Check Number (do not includ	e)			
Primary Depo	sit Account:		Check One -	Checking	□ Savings		
Name of Bank:							
Routing Number				Account Numb	er		
<u>Full Net Amount</u>							
Employee Signature:				Date			
Original form must be submitted. Emails or scanned copies will NOT be accepted.							
Payroll Use Onl	y:		Veri	fication Method			

□ Phone □ In Person-ID □ HR Onboarding