



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

Direct Deposit Authorization Form

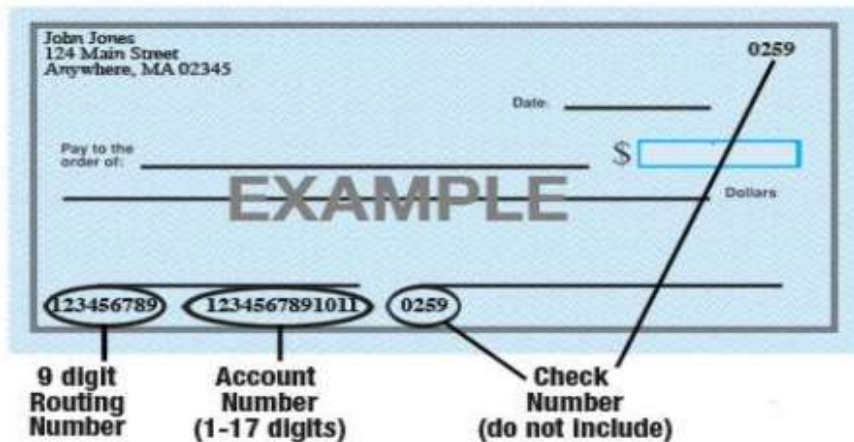
Please fill in all fields with **BLUE** ink.

Name: _____ ID # _____

Address: _____
City, State Zip

Phone: _____

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



Primary Deposit Account:	Check One - <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Bank: _____	
Routing Number	Account Number
<u>Full Net Amount</u>	

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