**Direct Deposit Form for Related Entity Employees**

 **Auxiliary Association**

**Section A. Employee Information**

**Name (Last, First, MI): Work phone #**

**Social Security Number: Dept:**

**Section B: Bank Information -** The employees name MUST appear on the account.

**Type of Account: Checking Savings**

**Indicate if joint account Name of joint account holder**

**Name of Financial Institution:**

**Account Number:**  **ABA/Routing Number:**

**You must attach a voided check. For savings accounts only, your financial institution must complete, sign and certify the information below using an official bank stamp.**

**Section C: FINANCIAL INSTITUTION CERTIFICATION – Must be completed by financial institution, only.**

**As a representative of the below named Financial Institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.**

**Name of Financial Institution:**

**Account type: Checking Savings**

**Depositor’s Account Number (EFT Format): Routing Number:**

**Print or Type Representatives Name**

**Signature of Bank Representative Date:**

**Telephone number**

**Section D: Employee/Joint Account Holders Certification**

**I certify that I read and understand the instructions to this form, including the authorization for recovery.** In signing this form, I authorize my salary payment to be sent to the designated financial institution to be deposited into the specified account. The joint account holder, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature Date

Joint Account Holder Date

Joint Account Holder Date