

# DIRECT DEPOSIT FORM FOR NYS EMPLOYEES AND INSTRUCTIONS

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

AC 2772 (REV 01/2021)

## SECTION A: EMPLOYEE INFORMATION (REQUIRED)

<b>NAME</b> (LAST, FIRST, MI)	<b>NYS EEMPLID</b> N	<b>LAST 4 SSN</b>
<b>PHONE</b> (AREA CODE + PHONE NUMBER) ( )	<b>WORK EMAIL</b>	
<b>HOME ADDRESS</b> (STREET, CITY, STATE, ZIP CODE)		

## 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.

<b>BALANCE ACCOUNT (REQUIRED)</b>	ACTION <input type="checkbox"/> New <input type="checkbox"/> Change Account <input type="checkbox"/> Add/Change Joint Account Holder	
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION <input checked="" type="checkbox"/> Excess

## 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.

<b>DEPOSIT ORDER-1</b>	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel	
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%
<b>DEPOSIT ORDER-2</b>	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel	
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%
<b>DEPOSIT ORDER-3</b>	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel	
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%
<b>DEPOSIT ORDER-4</b>	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel	
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #:	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%
<b>DEPOSIT ORDER-5</b>	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel	
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%
<b>DEPOSIT ORDER-6</b>	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel	
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%
<b>DEPOSIT ORDER-7</b>	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel	
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%

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## 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://psonline.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.

BALANCE ACCOUNT JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-1 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-2 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-3 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-4 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-5 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-6 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-7 JOINT ACCOUNT HOLDER	DATE

**I certify that I read and understand the instructions to this form, including the authorization for recovery.** In signing this form, I authorize all of my NYS salary payments 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.

# 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](#). Once it is processed, the distributions you specify on the form supersede **all** previous direct deposit information you have completed in **any** job paid by New York State. Your pay for all jobs will be deposited according to your most recent AC 2772 on file. 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:

#### **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.

<b>BALANCE ACCOUNT (REQUIRED)</b>		ACTION	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Change Account	<input type="checkbox"/> Add/Change Joint Account Holder
TYPE	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT #	4444444444444444		ROUTING # 444444444
FINANCIAL INSTITUTION	Example Bank 1			DISTRIBUTION	<input checked="" type="checkbox"/> Excess

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.

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.

<b>BALANCE ACCOUNT (REQUIRED)</b>	ACTION	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Change Account	<input type="checkbox"/> Add/Change Joint Account Holder
TYPE	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT # 44444444444444	ROUTING # 444444444
FINANCIAL INSTITUTION	Example Bank 1			DISTRIBUTION <input checked="" type="checkbox"/> Excess

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.

<b>DEPOSIT ORDER-1</b>	ACTION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel
TYPE	<input type="checkbox"/> Checking	<input checked="" type="checkbox"/> Savings	ACCOUNT # 4444444445	ROUTING # 444444444	
FINANCIAL INSTITUTION	Example Bank 1			DISTRIBUTION	\$ _____ or 10 %
<b>DEPOSIT ORDER-2</b>	ACTION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel
TYPE	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT # 99999999945	ROUTING # 123456789	
FINANCIAL INSTITUTION	Example Bank 2			DISTRIBUTION	\$ _____ or 15 %

Deposit Order - 1 (first priority deposit):

Action: Add

Type: Savings

Account #: Your savings account number

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

Financial Institution: Name of Bank 1

Distribution (%): 10

Deposit Order - 2 (second priority deposit):

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 (%): 15

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:

#### 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.

<b>BALANCE ACCOUNT (REQUIRED)</b>		ACTION	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Change Account	<input type="checkbox"/> Add/Change Joint Account Holder	
TYPE	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	99999999945	ROUTING #	123456789
FINANCIAL INSTITUTION	Example Bank 2			DISTRIBUTION	<input checked="" type="checkbox"/> Excess	

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)

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.

<b>DEPOSIT ORDER-1</b>	ACTION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel	
TYPE	<input type="checkbox"/> Checking	<input checked="" type="checkbox"/> Savings	ACCOUNT #	4444444445	ROUTING #	444444444
FINANCIAL INSTITUTION	Example Bank 1			DISTRIBUTION	\$ <u>200.00</u> or <u>    </u> %	
<b>DEPOSIT ORDER-2</b>	ACTION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel	
TYPE	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	4444444445	ROUTING #	444444444
FINANCIAL INSTITUTION	Example Bank 1			DISTRIBUTION	\$ <u>600.00</u> or <u>    </u> %	

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.

<b>BALANCE ACCOUNT (REQUIRED)</b>		ACTION <input checked="" type="checkbox"/> New <input type="checkbox"/> Change Account <input type="checkbox"/> Add/Change Joint Account Holder	
TYPE <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT # 99999999945	ROUTING # 123456789	
FINANCIAL INSTITUTION Example Bank 2		DISTRIBUTION <input checked="" type="checkbox"/> Excess	

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)**

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.

<b>DEPOSIT ORDER-1</b>	ACTION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel	
TYPE	<input type="checkbox"/> Checking	<input checked="" type="checkbox"/> Savings	ACCOUNT #	4444444445	ROUTING #	444444444
FINANCIAL INSTITUTION				Example Bank 1	DISTRIBUTION	\$ 300.00 or %
<b>DEPOSIT ORDER-2</b>	ACTION	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel	
TYPE	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	4444444445	ROUTING #	444444444
FINANCIAL INSTITUTION				Example Bank 1	DISTRIBUTION	\$ or 50 %

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 exclusively in NYSPO and stop receiving your printed advice.

**Section E:**

This section must be signed by you and any joint account holders. By signing this you authorize that all NYS salary payments be deposited as described on the form. This includes salary for any job paid through the NYS payroll system, including any secondary job paid regularly or infrequently.