



Office of General Services Business Services Center

How to Complete a Direct Deposit Form

The most current version of the AC 2772 (Rev. 11/12) is found here <http://www.osc.state.ny.us/payroll/files/ac2772.pdf>

Section A – Complete all four fields:

- NAME
- WORK PHONE #
- NYS EMPLID # (found in LATS-NY or on a paystub)
- AGENCY/DEPT CODE

Section B – Up to seven fixed amounts (\$) or percentage deposits may be requested, as well as one excess (net pay) deposit.

A separate line must be completed for each account type.

Section B: Account Type	New or Additional *	Change Joint Account Holder *	Change Amount or Percentage	Cancel	Name of Financial Institution	Account Number	Amount, Percentage or Excess
	(✓)	(✓)	(✓)	(✓)			
1. <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Checking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEFCU	[Member#]	
2. <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Checking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEFCU	[EFTFormat#]	
3. <input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

- Account Type: Select “Savings OR “Checking” for each line.
- Select ONE of the following for each line:
 - New or Additional: to establish account(s)
 - Change Joint Account Holder: applies to existing account(s)
 - Change Amount or Percentage: applies to existing account(s)
 - Cancel: applies to existing account(s)
- Name of Financial Institution – list the bank/credit union by full name or abbreviation (ie. SEFCU).
- Account Number - reference the account(s) included in the request by full or partial account number.
- Amount, Percentage or Excess
 - Amount: a fixed dollar amount – \$XXXX.XX
 - Percentage: a specific percentage – XX%
 - Excess: If your entire net check is being direct deposited, and you have multiple accounts, you must designate one account as “excess”

Section C – To establish new account(s) for direct deposit only if voided personal check is not provided. The employee’s name must appear on the account.

For Savings Accounts: must be completed by your financial institution(s).

For Checking Accounts: must be completed by your financial institution(s) OR attach a voided personal check. The employee’s name must be printed on the personal check. Deposit slips are not accepted.

All eight (8) fields have to be completed for each account type:

- Name of Financial Institution
- Account Type
- Depositor's Account Number
- Routing Number
- Print or Type Representative's Name
- Signature of Representative
- Telephone Number
- Date

1. NAME OF FINANCIAL INSTITUTION _____		Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Depositor's Account Number (EFT Format) _____		Routing Number _____	
Print or Type Representative's Name _____	Signature of Representative _____	Telephone Number _____	Date _____

Section D – Completed by employee AND joint account holder(s) for new account(s). Must be completed by employee for changes/cancellation of existing account(s).

Employee and joint account holder(s) must read, sign, and date the corresponding line for their account.

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(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).	
Employee Signature _____	Date _____
B-1 Joint Account Holder _____	Date _____
B-2 Joint Account Holder _____	Date _____
B-3 Joint Account Holder _____	Date _____

- Electronic signatures are NOT accepted.
- Additional forms may be attached.
- Direct deposit changes may take 1-2 pay periods to process.

Please note: This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes the employee must complete a new form.

Submit completed form(s) and all supporting documents to the Business Services Center:

E-mail: BSCP payrollAdmin@ogs.ny.gov

Fax Number: 518-457-1879

Mail: Personnel Administration Unit, Human Resources
1220 Washington Ave.
Building 5, Floor 4
Albany, NY 12226-1900

For inquiries, please contact the BSC HR at (518) 457-4272.