



The Town of Oyster Bay

LONG ISLAND, NY

DIRECT DEPOSIT AUTHORIZATION FORM PAYROLL CHECKS

Instructions:

1. If you wish to participate, fill out sections **A, C & D**, sign, date & return with required documents as indicated below.
2. If you **DECLINE** participation fill out sections **A & B ONLY**, sign, date & return as indicated below.
3. You may have your payment deposited in any existing bank provided it is a member of the Automatic Clearinghouse. Your bank probably is a member, but if it is not, you will be notified.
4. Deposits will **only** be made to a **checking** account; include a **blank voided check** indicating the ACH routing number & account number.
5. A deposit form **will not** be accepted as proof of routing number or account number.
6. **Return** this completed form and appropriate attachments to:
TOWN OF OYSTER BAY COMPTROLLER'S OFFICE, PAYROLL DIVISION, 74 AUDREY AVE OYSTER BAY NY 11771

A. EMPLOYEE INFORMATION: ALL EMPLOYEES TO FILL OUT

EMPLOYEE NAME: please print	TOB EMPLOYEE NUMBER:
<input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL/ PART TIME	TOB DEPARTMENT NAME & DEPT #:

B. TO DECLINE PARTICIPATION SIGN BELOW **DO NOT fill out bank information!!**

Employee Signature **DECLINING** _____
Date

C. BANK INFORMATION: ONLY FILL OUT IF PARTICIPATING IN DIRECT DEPOSIT

BANK NAME: _____ ACCOUNT TYPE: **CHECKING**

Your ACH routing number appears at the bottom of your checks between the markings indicated below.

|: _____:| NEW ENROLLMENT

ACH Routing Number (first 9 digits only)

CHANGE

Account Number---enter all numbers, including leading zeroes

D. AUTHORIZATION AGREEMENT:

I authorize the Town of Oyster Bay to make electronic deposits of payments as indicated. This authority will remain in effect until I have given written notice of termination or until the Town of Oyster Bay has notified me that this service has been discontinued. In the event of changes to my information, I understand that I must give advance notice to allow reasonable time for my instructions to be executed. In the event that an incorrect amount should be entered into my account, I authorize my bank and TOB to make appropriate adjustment.

A check will be issued until the agreement takes effect.

Employee Signature **ACCEPT DIRECT DEPOSIT** _____
Date

SIGN THIS FORM IN ONLY ONE SECTION