

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

Secondary Direct Deposit Authorization Form

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

Name:	ID #
Address:	
	City, State Zip
Phone:	
* You <u>Must</u> Attach A Voided (Check or Printout From Your Bank *
John Jones 124 Main Street Anywhere, MA 02345 Pay to the order of: 123456789 1234567891010 9 digit Account Routing Number	Date S Dollars Check Number
Number (1-17 digits)	(do not include)
Secondary Deposit Account: Name of Bank:	Check One -
Routing Number	Account Number
Deposit Fixed Amount:	(Per Pay Period)
<u>Remainder Amount will g</u>	go to the Primary Account on File
Employee Signature:	
Original form must be submitted. Em	ails or scanned copies will NOT be accepted.
Payroll Use Only:	<u>Verification Method</u>
Employee's Initials	☐ Phone ☐ In Person-ID ☐ HR Onboarding