State of Collaboration General Deductions and Direct Deposit

NYS COMPTROLLER THOMAS P. DINAPOLI

Topics

- Direct Deposit Returns
- Direct Deposit Deletes
- Direct Deposit Reversals
- Stop Payments from Direct Deposit Returns
- Avoiding Direct Deposit Errors-Direct Deposit Query
- Direct Deposit Fraud

What are Returns?

- Rejected Direct Deposit Transactions
 - Reported by financial institutions
 - Appear on the ACH Return/NOC (Notification of Change) Report
- Reasons for Rejection
 - Employee closed account and did not cancel
 Direct Deposit
 - Incorrect entry into PayServ
 - Employee accounts frozen

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Agency Notification Email

Agency Payroll Officer,

We have a Direct Deposit return for the following employee for the paycheck of 8/26/21.

Employee	N #	Amount	Account ending	Reason	
SMITH, JOHN	NOXXXXXXX	\$ 0.00	XXXX	ACCOUNT CLOSED	

The check will be mailed to the employee's home address within 5 to 7 business days.

Agencies must respond and confirm necessary action was taken (inactivate or update with new banking information)



Direct Deposit Deletes & Reversals

- Agencies identify overpayments for employees enrolled in Direct Deposit when the employee is not due another paycheck that can be adjusted.
- Agency submits Form AC3197.
- The entire check will be reversed.

Direct Deposit Deletes & Reversals

- Deletes can be processed up to 2 business days prior to the check date.
- Reversals can be processed no later then 5 business days after a check date.



AC 3197

NYS Office of the State Comptroller Bureau of State Payroll Services 110 State Street, 8th Floor Albany, NY 12236

FAX REQUEST FOR DIRECT DEPOSIT STOP/REVERSAL

OSC Direct Deposit Fax Number: (518) 408-3196

Instructions for Agencies:

- This form is used to stop or reverse a direct deposit transaction that has been generated by PayServ. OSC
 will process a Stop Payment/Reversal if the employee is overpaid and off the payroll, with no future checks
 anticipated and no other means to retrieve the overpayment. If the employee is still active on the payroll, the
 agency should notify the employee and retrieve the funds from the next available check, whenever possible.
 Contact your payroll auditor to discuss overpayment recovery.
- Review the employee's direct deposit record in PayServ and make any necessary changes for the next payroll period.
- Call the OSC Deductions Section at (518) 474-4072 or (518) 486-3097 to initiate a request for a direct deposit stop or reversal. If the request is approved by phone, submit this form by fax or email <u>DDRetumsandReversals@osc.nv.gov</u>. If faxed, please call the OSC Deductions Section to confirm receipt of the request.
- OSC will notify the agency when the funds have been received. The check will be held by the Bureau of State Payroll Services until the AC-230 form is received from the agency.
- 5. A Report of Check Returned for Refund or Exchange (AC-230) must be submitted.

Agency Code	Agency Name		Contact Person	
Agency Phone Nu	Imber	NYS EMPLID		
Employee Name		Check Number/A	dvice Number	
Paycheck Date(s)		Direct Deposit Ne	t Amount(s)	
Reason for Stop	e Reversel			
reason for stop (riveversar			
Agency Authoriza	tion (Payroll Officer or designee)			
Agency Authoriza	tion (Payroll Officer or designee)			
Agency Authoriza	tion (Payroll Officer or designee)			
Agency Authoriza Print Name	tion (Payroll Officer or designee)		Date	



After Recovery

- Agency is contacted.
- AC 230 or AC1476 is prepared by the agency and sent to OSC.
- Employee's year-to-date earnings are updated.
- Money returned by the bank is not available until the check date.



Stop Payments

- Stop Payment/Reissue of a Direct Deposit Return Check.
- Email DDReturnsandReversals@osc.ny.gov



Avoiding Direct Deposit Errors

Take steps to avoid errors and fraud:

- Do not search PayServ using employee name
- Employee ID and/or SS# number should always be used/verified
- Follow Direct Deposit Steps (<u>Payroll Bulletin</u> <u>No. 1842</u>)
- Verify Direct Deposit Entries each pay period with Locked Query:

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- LQ_DDP_AUDIT_DD_ENTRIES

Entering a Direct Deposit

- Entries should be made per the current year's Agency
 Submission Schedule.
- Verify the AC2772 form is the most current version and is completed correctly in its entirety with no blank fields.

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

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

AC 2772 (REV 01/2021)

SECTION A: EMPLOYEE INFORMATION (REQUIRED)

NAME (LAST, FIRST, MI)	NYS EMPLID	LAST 4 SSN			
	N				
PHONE (AREA CODE + PHONE NUMBER)	WORK EMAIL				
HOME ADDRESS (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.

BALANCE ACCO	OUNT (REQUIRED) ACT	TION New	Change Account	nt Add/Change Joint Account Holder	r
TYPE Check	king Savings ACCO	UNT#	R	ROUTING #	
FINANCIAL INSTITUTION			D		

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.

DEPOSIT ORDER-1	ACTION	Add Change Distribution	ange Joint Account Holder Cancel					
TYPE Checking	Savings	ROUTING #						
FINANCIAL INSTITUTION				DISTRIBUTION \$	or%			
DEPOSIT ORDER-2 ACTION Add Change Distribution Add/Change Joint Account Holder Cancel								
TYPE Checking Savings ACCOUNT#				ROUTING #				
FINANCIAL INSTITUTION				DISTRIBUTION \$	or %			



Entering a Direct Deposit AC2772 Form

DIRECT DEPOSIT FORM FOR NY RETURN COMPLETED FORM TO YOUR AGENCY/DEPAR			AC 2772 (REV 01/2021)					
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 whether your agency is enrolled in NYSPO.	*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 (REQU	IRED)							
The joint account holder for accounts listed in Sections B and C, if any, must sign on the corresponding line for newladditional 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	NO NO.	DATE						
DEPOSIT ORDER-1 JOINT ACCOUNT HOLDER	No. 10	DATE						
DEPOSIT ORDER-2 JOINT ACCOUNT HOLDER		DATE						
DEPOSIT ORDER-3 JOINT ACCOUNT HOLDER	NO-NAL	DATE						
DEPOSIT ORDER-4 JOINT ACCOUNT HOLDER	No. AN	DATE						
DEPOSIT ORDER-5 JOINT ACCOUNT HOLDER	Renal	DATE						
DEPOSIT ORDER-6 JOINT ACCOUNT HOLDER	INNA	DATE						
DEPOSIT ORDER-7 JOINT ACCOUNT HOLDER	10xxx	DATE						
I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, including the authorization for recovery. In signing this form, specified account(s), and all non-payroll amounts due to me to be sent to the designated financial institution(s) 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



Entering a Direct Deposit Agency Audit

Locked Agency Audit Query
 LQ_DDP_AUDIT_DD_ENTRIES

LQ_DDP_AUDIT_DD_ENTRIES - Audit Direct Deposit Entries											
Entered On or After 05/06/2021 Like DeptID 02000 Update By % View Results											
Row Dept Name NYS Emplid SS	SN Last 4 Eff Date	DD Status Dt	Dt of Last Update P	Priority Routing #	Account Nbr	Account Type	Amount \$	Amount %	Туре	No DDP Advice	Updated By



What To Do If One Of Your Employees Needs A Direct Deposit Check Re-Issued:

Email: DDReturnsandReversals@osc.ny.gov

Stephanie Simmons

(518) 474-4072

ssimmons@osc.ny.gov

Amanda Miesowicz

(518) 486-3097

amiesowicz@osc.ny.gov

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Garnishment Updates



General Deductions

Updates:

• General Deductions are now entered on the General Deduction Data Panel in Payserv.

 Please refer to Payroll Bulletin PIP-008 for Questions regarding the changes to General Deductions with the 9.2 upgrade.

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