

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

U.S. Treasury Securities Direct Deposit Form for NYS Employees

(To be used for the purchase of electronic U.S. Treasury Securities including savings bonds, Treasury bills, notes, bonds and TIPS)

Complete this form to establish, change or cancel direct deposit to your TreasuryDirect® account. Print clearly, preferably in capital letters and black ink.

Section A: Employee Information

NAME (LAST, FIRST, MI) _____ WORK PHONE # (____) _____
LAST FOUR DIGITS OF SOCIAL SECURITY # _____ AGENCY/DEPT CODE _____

Section B: Account Information

Check One: Start Change Cancel

Total Biweekly Direct Deposit Amount: \$ (\$1.00 Minimum)

Receiving Bank Name: BUREAU OF PUBLIC DEBT

ABA Number: 0 5 1 7 3 6 1 5 8

Account Type: SAVINGS

Employee's TreasuryDirect® Account Number (without hyphens): _____

Section C: Employee Certification

I certify that I read and understand the instructions on this form. In signing this form, I authorize my salary payment to be sent to TreasuryDirect® to be deposited into the specified account.

Employee Signature _____ Date _____

INSTRUCTIONS: Please complete the form as described below, and then forward it to your agency/department payroll or personnel office. You can also contact that office for assistance in completing the form.

SECTION A: Employee Information

Indicate your name, work phone number, last four digits of your social security number and Agency/Department code.

SECTION B: Account Information

Place a check mark in the appropriate checkbox to indicate whether you want to Start, Change, or Cancel direct deposit to your TreasuryDirect® account.

SECTION C: Employee Certification

The Employee Certification **must** be signed by the employee in **all** instances.

AMOUNT CHANGES:

Employees may increase or decrease the amount to be deposited to their TreasuryDirect® account by completing a new U.S. Treasury Securities Direct Deposit Form.

In Section B, select the “Change” option.

CANCELLATIONS:

The agreement represented by this authorization will remain in effect until canceled by the employee or the State agency. To cancel the agreement, the employee must complete a new U.S. Treasury Securities Direct Deposit Form requesting that the transaction be canceled. The State agency may cancel an employee’s direct deposit when internal control policies would be compromised by this form of salary payment.

In Section B, select the “Cancel” option.

NOTE:

Employees may have **up to seven** direct deposits, as well as **one excess** (net pay) deposit.

New direct deposits will be assigned a lesser priority than existing fixed amount or percentage direct deposits with the exception of an “excess”. If an employee’s pay is not sufficient to cover all direct deposits, the most recently designated direct deposit(s) will not be processed.

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.