

Instructions for Completing This Form

For assistance, please contact the Human Resources Department at (716) 753-4237

1. Complete the employee information at the top of the form.
2. Check the appropriate box under the "Action To be Taken" section.
3. For the **Deposit Information**, please put an "X" or a checkmark in the appropriate box to indicate whether you want your wages deposited in your checking or savings account. Complete the boxes for "name of financial Institution", "routing number" and "account number".
4. Please attach one of the following:
 - Checking** account – voided check, photocopy of check, or deposit slip
 - Savings** account – deposit slip with the routing and account numbers
5. Read the sections below regarding **Authorization for Recovery** and **Changes**.
6. Sign and date the form. Forward or mail this completed form to the Chautauqua County Department of Human Resources, Gerace Office Building, RM 144, 3 North Erie Street, Mayville, New York 14757.

CHANGES: Employees may change financial institution and/or account information by completing a new Direct Deposit of Salary Enrollment/Change Form. **This form is a legal document and cannot be altered by the bank or credit union, Chautauqua County or the employee.** Any changes must be made by having the employee complete a new form.

Please Note: When your current direct deposit account is being stopped and a new account is being opened, you may receive paycheck(s) until the process has been completed. It is your responsibility to make sure your pay has been deposited into the new account before making withdrawals or writing checks

AUTHORIZATION FOR RECOVERY: By signing this form, the employee and any joint tenant, if any, each consent to allow the County, through the Bank or Credit Union, to debit the account in order to recover any salary to which the employee was not entitled and which was deposited to the account in error or by mistake. This means of recovery shall not prevent the County from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

The information on this form is required under the New York State Comptroller's Rules and Regulations (2 NYCRR 102). The information supplied by the employee will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.