

# NEW YORK-PRESBYTERIAN HOSPITAL

## DIRECT DEPOSIT INSTRUCTION

1. To enroll in the New York-Presbyterian Hospital Direct Deposit Program, fill out the Direct Deposit Authorization Form (forms are available on the New York Presbyterian INFONET). After the form has been filled out, return it to the Payroll Department.

For **Checking Accounts** attach a voided check to the form

For **Savings OR Money Market Accounts** you must attach your account information on bank letterhead.

2. After you have enrolled Direct Deposit takes two (2) to three (3) pay periods to become active. This is called the "Pre-Note Period". During this period, the bank must verify your account number before accepting any deposits. You will continue to receive your normal paychecks during the Pre-Note Period.
3. Once the Direct Deposit become effective, you will receive a voucher, marked "**NON-NEGOTIABLE**", with your pay information. It is important that you review this voucher to make sure all of the information is correct.
4. Your money is available on Thursday or Friday of payroll week, depending on your Bank.
5. **If you are changing Banks or account number(s): you will need to fill out the Direct Deposit Cancellation Form for the account number(s) you wish to stop and a Direct Deposit Authorization Form with the new bank information. You will go back to the Pre-Note stage, which means you will receive a check for the next two (2) to three (3) pay periods**
6. If you **close an account**, you must fill out the **Direct Deposit Cancellation Form** to discontinue each Direct Deposit.
7. If you have any questions, contact the Payroll Department by email at [hrc@nyp.org](mailto:hrc@nyp.org)
8. All Direct Deposit Enrollment and Cancellation Forms can be Scanned and emailed to [hrc@nyp.org](mailto:hrc@nyp.org) or Faxed to (212) 585-6755. *The preferred method is email since it can be tracked and employees are more likely to get a confirmation upon their request in the email.*

**NEW YORK-PRESBYTERIAN HOSPITAL  
DIRECT DEPOSIT AUTHORIZATION FORM**

**NOTE: You cannot split your paycheck between direct deposit and a live check.**

I authorize my employer to deposit directly in the account(s) named below in the amount(s) I have specified. This authority will remain in force until given written notice that I have been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account(s), I authorize my bank(s) to make appropriate adjustment(s).

NAME (Print): \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_  
(required 6 digit number)

WORK NO.: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(Provide entire phone number not just extension)

SIGNATURE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**ACCOUNTS:**

CHECKING: (Partial Amounts MUST be in dollars, NO percentages)

(1) BANK: \_\_\_\_\_ ROUTING #: \_\_\_\_\_  
A/C NO.: \_\_\_\_\_ FULL \_\_\_\_\_ PARTIAL AMOUNT: \$ \_\_\_\_\_

(2) BANK: \_\_\_\_\_ ROUTING #: \_\_\_\_\_  
A/C NO.: \_\_\_\_\_ FULL \_\_\_\_\_ PARTIAL AMOUNT: \$ \_\_\_\_\_

SAVINGS: (Partial Amounts MUST be in dollars, NO percentages)

(1) BANK: \_\_\_\_\_ ROUTING #: \_\_\_\_\_  
A/C NO.: \_\_\_\_\_ FULL \_\_\_\_\_ PARTIAL AMOUNT: \$ \_\_\_\_\_

(2) BANK: \_\_\_\_\_ ROUTING #: \_\_\_\_\_  
A/C NO.: \_\_\_\_\_ FULL \_\_\_\_\_ PARTIAL AMOUNT: \$ \_\_\_\_\_

MONEY MARKET: (Partial Amounts MUST be in dollars, NO percentages)

(1) BANK: \_\_\_\_\_ ROUTING #: \_\_\_\_\_  
A/C NO.: \_\_\_\_\_ FULL \_\_\_\_\_ PARTIAL AMOUNT: \$ \_\_\_\_\_

**Without the proper Account Information as noted below, this form will not be processed.**

Checking: The Routing # is the first 9 numbers at the bottom of the check, and you must attach a personal check with the word (VOID) written across the check.

Savings & Money Market: You must attach Routing # and Account # information on your bank's letterhead.

**Scan-Email form to [hrc@nyp.org](mailto:hrc@nyp.org) and upon request a confirmation email can be provided.**