Direct Deposit Authorization Form

Return by Email: DFS.VPCS@acs.nyc.gov OR

Return by USPS Mail: YMS

PO Box 968 Peck Slip Station

New York, NY 10272-0968

Return By Fax: 212-313-3115 (provider must call to advise when fax is sent)

Instructions:

- 1. Complete all the information below. Sign and date the bottom of the form. (Note: only fill this OR the payment card application out do not submit both)
- 2. Make a copy of this form for your records.
- 3. The account used for direct deposit must be in the taxpayer's name. To use a checking account, attach a voided check with the taxpayer's name imprinted on it, bank letter or specification sheet. To use a savings account, attach a bank letter or specification sheet that indicates the taxpayer's name, routing, and account number. All bank letters must be signed and stamped by the bank representative.
- 4. Return this form, with attachments, to the email or USPS mail address printed above.

Provider ID Number:	SS/EIN Number:
Last Name (print):	First Name (print):
Address:	
Account in the name of:	
Depository (Bank) name:	
Depository (Bank) address:	
Bank Transit (Routing) Number: (Can	be found at the bottom of your check to the left of your account number)
Check and complete the approp	iate section.
	Account Number:ank letter, or specification sheet.)
Savings Account: 100% (Attach <u>only</u> a bank letter or	Account Number:specification sheet.)
Signature:	Date:
Co-Signature: (If Joint Account)	Date:
initiating credit entries to my accou	ent Associates, Inc. (hereinafter COMPANY) to deposit any amounts owed me by nt at the financial institution (hereinafter BANK) indicated above. Further, I authorize credit entries indicated by COMPANY to my account. In the event that COMPANY account, I authorize COMPANY to debit my account for an amount not to exceed is credit.
	rce and effect until COMPANY has received written notification from me to terminate s to afford COMPANY and BANK a reasonable time to act on it.
Date Signed:	Signature: