



PAYROLL AUTHORIZATION Salaried Employee

I hereby authorize Resource Center for Independent Living, Learning Disability Association of the Mohawk Valley, and At Home Independent Care, Inc., ("the Agency") to distribute my bi-weekly paycheck as follows:

Select One:

Mail my check (Please remember to notify HR of an address change by calling 315-797-4642)

Direct Deposit my check

*Please attach: a **voided check** for checking accounts (**cannot use deposit slip for checking accounts**) OR a **savings deposit slip** with routing and account number for savings accounts.*

Your request cannot be processed without this documentation.

Also note that a pre-note transaction will be initiated to check the validity of the bank transit-routing number and the bank account number. Once initiated, there must be a six banking day lag before a live transaction can be completed. Therefore Direct Deposit requires 1 to 2 pay periods in order to take effect. Paper checks will be mailed to your address of record until that time.

add new stop current and add new in addition to current
(Cannot be Entire Net Amount)

1. Checking Savings

Financial Institution: _____

I wish to deposit: \$ _____ . _____ OR Entire Net Amount

2. Checking Savings

Financial Institution: _____

I wish to deposit: \$ _____ . _____ OR

3. Checking Savings

Financial Institution: _____

I wish to deposit: \$ _____ . _____ OR

Stop Direct Deposit effective immediately, and distribute my paycheck as follows:

Mail my check Interoffice my check (For Utica Locations Only)

Please deduct a donation of \$ _____ . _____ on a bi-weekly basis to support the United Way.



Employee Name: _____ Date: _____

Employee Signature: _____ SSN: _____ - _____ - _____

Please return to: Human Resources by mail: PO Box 210 Utica NY 13503 or fax: 315-797-4747