

DIRECT DEPOSIT CONVERSION ELECTION FORM

FOR NYS EMPLOYEES WITH MULTIPLE JOBS
RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE

EXPIRES 03/01/2021
AC 3346 (REV 02/21)

BACKGROUND INFORMATION

The New York State payroll system will be upgraded in March 2021. As part of the upgrade, employees with multiple jobs will no longer be able to have separate direct deposit records for each job. Going forward, all payroll and non-payroll amounts (i.e., travel) paid to an employee will be deposited according to a single direct deposit record. In order to continue receiving payroll and non-payroll amounts via direct deposit, the employee must select a single direct deposit record that will be carried forward to the upgraded system.

This form only serves to designate the job whose associated direct deposit record should be carried over for conversion. Use this form to indicate which job is associated with the direct deposit election you are selecting to use. The specified election will replace any other elections you have, effective in the first paycheck issued after 3/18/2021. This form expires on 3/1/2021 and cannot be used to make changes to direct deposit accounts. Changes to direct deposit accounts may be made using Form AC 2772, Direct Deposit Form for NYS Employees. Should you wish to update your direct deposit accounts so that they match exactly before the conversion on 3/10/2021, you should fill an AC 2772 for each of your jobs with identical deposit information and return the forms to the Payroll Officer for each job.

Employees who fail to select a job and return this form by 3/1/2021 will receive paper checks for all jobs, effective with the first paycheck issued after 3/18/2021.

All sections of this form are required.

SECTION A: EMPLOYEE INFORMATION

Indicate your full name, NYS employee ID (EMPLID), last 4 digits of your Social Security number, phone number, email address, and home address.

NAME (LAST, FIRST, MI)	NYS EMPLID	LAST 4 SSN
	N _ _ _ _ _ _ _ _ _ _	_ _ _ _
PHONE	EMAIL	
(_ _ _ _) _ _ _ _ - _ _ _ _ _ _ _ _		
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		

SECTION B: DIRECT DEPOSIT SELECTION

Indicate the job associated with the direct deposit election you would like to use by filling in the Agency name, Department ID, and your work title.

AGENCY NAME	DEPARTMENT ID
WORK TITLE	

SECTION C: AUTHORIZATION

I certify that I read and understand the instructions to this form. In signing this form, I authorize any salary payment made to me after 3/18/2021 to be sent to the financial institution(s) to be deposited into the account(s) on file for the job specified, and to deposit all non-payroll amounts due to me into the balance account on file for the job specified.

EMPLOYEE SIGNATURE _____ DATE _____