



New York State Office of the State Comptroller
Bureau of State Payroll Services

DIRECT DEPOSIT ADVICE DIRECT MAIL AUTHORIZATION FORM

All agencies wishing to participate in the direct mail of direct deposit advices must complete this form in its entirety. If approved for participation, **ALL** direct deposit advices will be direct mailed.

The Agency agrees to all the terms and conditions as outlined in Payroll Bulletin #1025.

Section A: *The Agency Payroll Office is required to complete the following section:*

Agency Name: _____

Agency Code(s): _____

Agency must provide at least 2 agency contacts responsible for maintaining employee addresses:

Agency Contact Name: _____ **Title:** _____

E-Mail Address: _____ Telephone No.: (____) _____

Physical Address: _____

Agency Contact Name: _____ **Title:** _____

E-Mail Address: _____ Telephone No.: (____) _____

Physical Address: _____

Section B: *The Agency Finance Office is required to complete the following section:*

Billing Contact Name: _____ **Title:** _____

E-Mail Address: _____ Telephone No.: (____) _____

Physical Address: _____

Cost Center to be Charged for Postage: _____

Section C: *Rules of Participation*

Agency agrees to:

- Establish and maintain the highest quality employee addresses.
- Provide initial advance quarterly funding.
- Provide subsequent advance quarterly funding as billed by the OSC Bureau of State Payroll Services.

Agencies who fail to provide subsequent advance funding will be removed from the Direct Deposit Direct Mail program.

Agencies who continue to have numerous advices that require special processing due to inaccurate addresses and/or higher postage rates due to not meeting the barcodeable standards will be removed from the Direct Deposit Direct Mail program.

Agency Authorized Signature *Title* *Date*

PLEASE NOTE: Agency contacts will be notified of the implementation date of participation once requirements are met and participation is approved.

Agencies wishing to unenroll in the Direct Deposit Direct Mail program must contact the Payroll Deduction mailbox providing at least two (2) pay periods advance notice, and a new method of delivery form must be provided.

Scan and e-mail the completed form to the Payroll Deduction Mailbox.