

Pay Agent Training Grants

Direct Deposit Authorization Form

Send Completed Form To: Outcome Validation Unit
NYC Department of Small Business Services
110 William Street, 8th Floor New York, NY 10038

Instructions:

1. Complete all the information below
2. Sign and date the bottom of the form
3. Make a copy of this form for your records
4. Attach a VOID check or a bank letter, if a void check is not available
5. Return the original form, with attachments, to the address above
6. There may be a two-to-three pay cycle delay before direct deposit begins

EIN Number: _____ SBS Training Provider
Organization ID Number: _____

Training Provider Organization Name

Address:

Bank Account in the name of: _____ Street _____ City _____ State _____ Zip _____

Depository (Bank) name:

Depository (Bank) address:

Bank Transit (Routing) Number:

(The nine digit number found at the bottom of your check to the left of your account number)

Check and complete the appropriate account:

Checking Account: 100% Account Number: _____
(Attach **only** a void check or bank letter.)

Savings Account: 100% Account Number: _____
(Attach **only** a void check or bank letter.)

Authorized Signatory: _____ Date: _____

Co-Signature: _____ Date: _____
(If Joint Account)

I hereby authorize the PayAgent to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated above. Further, I authorize Bank to accept and to credit any credit entries indicated by the PayAgent to my account. In the event that the PayAgent deposits funds erroneously into my account, I authorize the PayAgent to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authority is to remain in full force and effect until the NYC Department of Small Business Services has received written notification from the Authorized Representative named below to terminate in such time and in such manner as to afford the PayAgent and Bank a reasonable time to act on it.

Name of Authorized Representative:

Title:

Signature _____ Date: _____