

DIRECT DEPOSIT SWITCH FORM

Complete this form to authorize an employer to directly deposit your payroll or other credit to your New York Community Bank checking or savings account.

To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

From: _____

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Employee ID Number (if different than SSN): _____

Telephone Number: _____

Please direct to my:

Existing Direct Deposit New Direct Deposit

Account you would like your check automatically deposited into:

Checking Savings Money Market

New York Community Bank Account No: _____

New York Community Bank Account No: _____

Name on Account: _____

One form should be used for each request. Please make copies as needed.

I authorize (**name of company**) _____

and New York Community Bank to automatically deposit my check into my account listed above. This authorization will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Customer Signature: _____

Date: _____

3 Easy Steps

1. Complete this form.
2. Attach a voided check to this form to confirm your account and routing number.
3. Submit this completed form and a voided check to your Human Resources/Payroll Department, or to the originator or your direct deposit.

Please place voided check here

myNYCB.com • (877) 786-6560



New York Community Bank

Member FDIC

rev. 12/18