

Direct Deposit Authorization Form

Return by Email: DFS.VPCS@acs.nyc.gov OR

Return by USPS Mail: YMS
PO Box 968
Peck Slip Station
New York, NY 10272-0968

Return By Fax: 212-313-3115 (provider must call to advise when fax is sent)

Instructions:

1. Complete all the information below. Sign and date the bottom of the form. (*Note: only fill this OR the payment card application out – do not submit both*)
2. Make a copy of this form for your records.
3. The account used for direct deposit must be in the taxpayer's name. To use a checking account, attach a voided check with the taxpayer's name imprinted on it, bank letter or specification sheet. To use a savings account, attach a bank letter or specification sheet that indicates the taxpayer's name, routing, and account number. All bank letters must be signed and stamped by the bank representative.
4. Return this form, with attachments, to the email or USPS mail address printed above.

Provider ID Number: _____ SS/EIN Number: _____

Last Name (print): _____ First Name (print): _____

Address: _____

Account in the name of: _____

Depository (Bank) name: _____

Depository (Bank) address: _____

Bank Transit (Routing) Number: _____
(Can be found at the bottom of your check to the left of your account number)

Check and complete the appropriate section.

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

____ Savings Account: 100% Account Number: _____
(Attach **only** a bank letter or specification sheet.)

Signature: _____ Date: _____

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

I hereby authorize YMS Management Associates, Inc. (hereinafter COMPANY) 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 COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY 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 COMPANY has received written notification from me to terminate in such time and in such manner as to afford COMPANY and BANK a reasonable time to act on it.

Date Signed: _____ Signature: _____