



DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE CHECK ONE:

☐ New Request

☐ Change (complete previous bank and account information)

Previous Bank Name: _____

Previous Account #: _____

EMPLOYEE INFORMATION:

Name: _____

Social Security # or Questar III Employee ID #: _____

New Bank name: _____

☐ Checking (Attach a voided check)

☐ Savings (Attach a deposit slip)

New Account number: _____

Email Address: _____

(For email invitation to MyWinCap Web in order to access Direct Deposit statements)

For direct deposit to savings account, please attach a copy of your voided deposit slip. For your checking account, please attach a voided check. Without these, the direct deposit cannot be processed. Please note that your name and address **SHOULD** be “imprinted” on deposit slip or cancelled check.

The above information will be valid until new authorization is signed with the Payroll Office. If you need to make changes to this authorization, you must fill out a new Additional Direct Deposit Authorization Form. If you decide to cancel this authorization, a Stop Additional Direct Deposit Form must be filled out. All forms must be returned to Questar III Payroll Office, 10 Empire State Boulevard, Castleton, NY 12033.

I understand that this form authorized my net pay to be dispersed between two banking institutions as indicated on my Direct Deposit Authorization and this Additional Direct Deposit Authorization. I also understand that it is my responsibility to report in writing [on proper form(s)] any and all changes to my direct deposit(s) to the Payroll Office.

Signature

Date