Ithaca Community Childcare Center (IC3)
EMPLOYEE NOTICE AND CONSENT FOR DIRECT DEPOSIT

Pursuant to New York Labor Law § 192 and 12 NYCRR Part 192

PART 1: NOTICE OF WAGE PAYMENT OPTIONS Before completing this form, please read the following mandatory legal disclosures regarding your rights as a private-sector employee in New York State:

1. Voluntary Participation: You are not required to accept your wages by direct deposit or payroll debit card. Your participation is completely voluntary. (If you choose the payroll debit card, ask for the form for that.)

2. No Adverse Action: IC3 cannot take adverse action against you, penalize you, or make direct deposit a condition of hire or continued employment for refusing to participate.

3. Alternative Payment Methods: If you do not choose direct deposit, you will receive your wages via paper check, delivered on your regular scheduled payday.

4. No Associated Fees: You will not be charged any fees by IC3 or its payroll processor to receive or access your wages in full.

5. Right to Withdraw: You have the right to withdraw this authorization at any time by providing written notice to Human Resources/Payroll. The change will take effect within two pay periods of receipt.

PART 2: EMPLOYEE INFORMATION & FINANCIAL INSTITUTION(S)

Please provide the details of the financial institution(s) where you would like your wages deposited.
Employee Name: _____ Employee ID / Last 4 SSN: _____

Account 1 (Primary / Net Balance) Account Type: ☐ Checking ☐ Savings

Bank/Financial Institution Name: _____

Bank Location (City, State): _____

Routing Number (9-digit): _____ Account Number: _____

Deposit Amount: ☐ Entire Net Pay ☐ Specific Dollar Amount: $_____

Account 2 (Optional) Account Type: ☐ Checking ☐ Savings

Bank/Financial Institution Name: _____

Bank Location (City, State): _____

Routing Number (9-digit): _____ Account Number: _____

Deposit Amount: ☐ Remaining Net Pay ☐ Specific Dollar Amount: $_____

PART 3: ACKNOWLEDGMENT & COMPLIANT CONSENT

By signing below, I acknowledge that I have received the plain-language Notice of Wage Payment Options above and voluntarily consent to have my net wages directly deposited into the financial institution(s) designated in Part 2.

I understand that this authorization allows IC3 to credit my account(s), and if necessary, adjust or reverse any entries made in error, provided the reversal is done in compliance with federal banking regulations and New York State law. This authorization remains in effect until I submit a written cancellation notice.

I understand that going forward I may also change my direct deposit account(s) set up via my ADP Workforce Now app.

Employee Signature: _____ Date: ____ / ____ / 20___

Employer Compliance Note: (see the back of this form)

Employer Compliance Note: Employers must provide a fully signed copy of this completed notice/consent form to the employee. The employer must safely store and maintain the original written consent form on file for the duration of the employee's employment, plus six (6) years following the final payment of wages via direct deposit.