Office of Operations
2014 Fall Conference
October 7-9

Collaboration for Success

Direct Deposit Procedures

Returns/Deletes/Reversals

Jamie Kelly



New York State Office of the State Comptroller Thomas P. DiNapoli, Comptroller

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Division of Payroll, Accounting and Revenue Services

Christopher Gorka, Deputy Comptroller Dave Hasso, Assistant Comptroller

Robin Rabii, Director, Bureau of State Payroll Services

WHY DIRECT DEPOSIT?

- Reliable
- Secure
- Private
- Convenient
- Provides Financial Control



WHAT ARE RETURNS?

- Rejected Direct Deposit Transactions
 - Reported by financial institutions
 - Appear on Wells Fargo ACH Return/NOC (Notification of Change)
 Report
- Reasons for Rejection
 - Employee closed account and did not cancel Direct Deposit
 - Incorrect entry into PayServ
 - Employee accounts frozen



WHEN FUNDS ARE REJECTED

- Wells Fargo notifies OSC.
- Funds returned to Wells Fargo account.
- OSC prepares voucher to create a paper check.
- Check is mailed to the employee.

The employee address is taken from PayServ and employee should receive check within 5 business days.

No YTD balances or Form W-2 balance adjustments are necessary.



ACH RETURN/NOC REPORT



Custom

03/12/2012 08:28 AM ET **CUSTOMER ID: NYSDI705** OPERATOR ID: JKELLY

NYS DIRECT DEPOSIT

ACH Return/NOC Report As of 03/09/2012

Commercial Electronic Office®

Treasury Information Reporting

File ID: 1146013200 Company ID: 1133893536 Name: OFC OF THE STATE COMPTROLLER

Settlement Summary

Settlement Bank: 121000248 Settlement Account: 2000030015694 Company: OFC OF THE STATE COMPTROLLER

Returned Items:

(Includes Redeposited and Dishonored Totals below.)

Account 2000030015694 will be credited 1,277.98 on 03/09/2012

Transaction Detail

Returns Individual ID Name

Receiving RDFI: 031176110

Co Entry Desc: DIR DEP Comments:

Eff Date Desc Date 03/08/2012

120307

Acct Type Tran Type DDA

CR

Account No: | Return Trace No: 031176110036963 160.48 R03/NO ACCOUNT 091000010036963

Amount Reason Cd / Desc

Original Trace No

Notifications of Change

Individual ID Name

Receiving RDFI: 031000053

Eff Date Desc Date 03/08/2012

120307

Acct Type Tran Type DDA CR

Amount Reason Cd / Desc

Original Trace No .00 C02/R/T NUMBER

091000010025011

Account No: Co Entry Desc: DIR DEP Return Trace No: 031000050000154

Correction: Routing/Transit should be Addenda: 000010025011 03100005031100157

AGENCY NOTIFICATION EMAIL



DIRECT DEPOSIT RETURNS AGENCY

09/11/2014 08:48 AM Show Details

Agency Payroll Officer,

We have a Direct Deposit return for the following employee for the paycheck of 09/10/14.

Employee	N #	Amount	Account ending	Reason

The check will be mailed to the employee's home address within 5 to 7 business days.

Agencies must respond and confirm necessary action was taken (inactivate or update with new banking information)

Stephanie Simmons General Deduction & PayCalc Team OSC Bureau of State Payroll Services SSimmons@osc.state.ny.us (518) 486-3097

AGENCY CONTACT INFORMATION

Y	InterTrac	New Entry 🔻	New Link	▼ Options Query		Payroll Contacts My Prefermac ▼	ed Views:		•
		Contact	^	Title ^	Authorized Signature ^	Phone/Fax/Email	Address	Organizational Role ^	Agency
⊕	⊕ Create Document □ Contacts	Shepard	, Darlene	Manager of Information Technology Services 2		Phone: 518-474-6809 Fax: 518-408-4466 Email: dshepard@osc.state.ny.us Internet: www.osc.state.ny.us	110 State Street 13th Floor Albany, NY 12236	Payroll Technical Representative	0200 ^
	By Company Payroll Contacts	□ 02009 -	Office of	the State Comptroll	ler - Current Payroll				
		Ciatyk, Ko	enneth	Payroll Examiner 2		Phone: 518-408-2930 Fax: 518-486-6723 Email: Kenneth.Ciatyk@osc.state.ny.	110 State Street Human Resources - 12th Floor u Albany, NY 12236	Payroll Representative	020C
		Hotaling.	, Randy	Asst Director of Personnel B		Phone: 518-4 Fax: 518-486-6723 Email: rhotaling@osc.state.ny.us Internet:	Human Resource 3- 12th Floor Albany, NY 12236	Payroll Officer Backup Payroll Representative State Agency - Human Resources Representative	
	Call Center Correspondence Form Letter Library Knowledge Center Support Center	Knapp, G	Gerard	Payroll Examiner 3		Phone: 518-4 Fax: 518-486-6723 Email: gknapp@osc.state.ny.us Internet: www.osc.state.ny.us	12th Floor 110 State Street Albany, NY 12236	Payroll Officer Payroll Representative	0200
ш	Knowledge Base	☐ 03000 - Department of Law							
	Time Management	Briggs, M	1ichael	Administrative Assistant		Phone: 518-486-3261 Fax: 518-474-3578 Email: michael.briggs@ag.ny.gov Internet:	state capitol albany, NY 12224	Payroll Officer Backup	0300
		Caplowa Rosema		Clerk 2		Phone: 518-486-5384 Fax:	Office of the Attorney General -The Capitol	State Agency - Benefits Administrator	0300

Visit the OSC website: www.osc.state.ny.us







State Payroll Services Payroll Directories

- <u>Payroll Directory</u> by Agency (pdf)
 A list of payroll officers by state agency.
- <u>Payroll Directory</u> by Zip Code and Agency Name(pdf)
 A list of payroll officers by zip code proximity.
- <u>Update Directory Contact Information</u>
 Find directions for modifying contacts in the <u>Online Contact Update System Users' Guide</u>. To get your user ID or password, please contact the CIOhelpdesk@osc.state.ny.us or call 518-486-6745.



Contact Update System

OSC collects contact information for all agencies, municipalities and organizations that are involved in the financial management of government in New York State. This information is submitted online using the contact Update System.

To log in:

Go to the login page, enter your user ID and password, and click the Log In button.

	Server Login					
	Please type your user na	me and password				
User name:	USERID					
Password:	•••••					
	Log In					

Unable to log in?

Request your user ID and password

For further assistance:

Online Help

Contact User Support

WHAT ARE DELETES?

- Direct Deposit transactions that have been transmitted to Wells Fargo for processing by the National Automated Clearing House Association (NACHA), <u>but have not yet been posted to employee</u> <u>bank accounts</u>.
- Can be done up to 2 business days prior to the check date.



WHAT ARE REVERSALS?

Direct Deposit transactions that have been transmitted to Wells Fargo for processing by the National Automated Clearing House Association (NACHA), but have been posted to employee bank accounts.



BACKGROUND

- Agencies identify overpayments for employees enrolled in Direct Deposit when the employee is not due another paycheck that can be adjusted.
- Agency submits Form AC3197 (Fax Request for Direct Deposit Stop/Reversal).
- The entire check will be reversed there are no partial reversals of paychecks.
- Per NACHA guidelines, state stop/reversal requests must be requested no later than 5 business days after the check date.



AC 3197

AC 3197 (Rev. 11/12)

NYS Office of the State Comptroller Bureau of State Payroll Services 110 State Street, 8th Floor Albany, NY 12236

FAX REQUEST FOR DIRECT DEPOSIT STOP/REVERSAL

OSC Payroll Deductions Section Fax Number: (518) 486-3099

Instructions for Agencies:

- This form is used to stop or reverse a direct deposit transaction that has been generated by PayServ. Call
 the OSC Deductions Section at (518) 402-2679 or (518) 474-4042 to initiate a request for a direct deposit
 stop or reversal. If the request is approved by phone, submit this form by fax and call the OSC Deductions
 Section to confirm receipt of the request.
- 2. A Report of Check Returned for Refund or Exchange (AC-230) must be submitted.
- OSC will notify the agency when the funds have been retrieved. The check will be held by the Bureau of State Payroll Services until the AC-230 form is received from the agency.
- 4. OSC will process a Stop Payment/Reversal if the employee is overpaid and off the payroll, with no future checks anticipated and no other means to retrieve the overpayment. If the employee is still active on the payroll, the agency should notify the employee and retrieve the funds from the next available check, whenever possible. Contact your payroll auditor to discuss overpayment recovery.
- Review the employee's direct deposit record in PayServ and make any necessary changes for the next payroll period.

Please print or type.

Agency Code | Agency Name | Contact Person |

Agency Phone Number | Agency Fax Number |

NYS EMPLID | Employee Name |

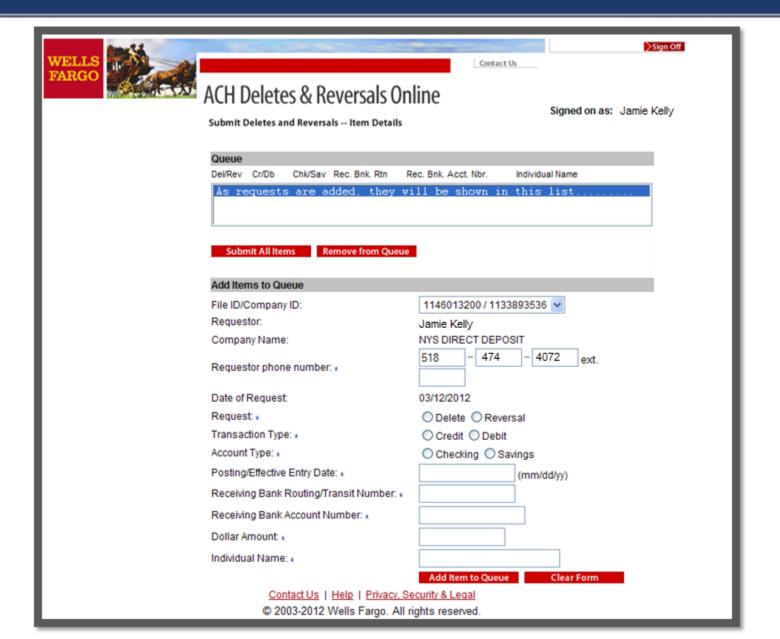
Paycheck Date(s) | Direct Deposit Net Amount(s) |

Reason for Stop or Reversal |

Agency Authorization (Payroli Officer or designee) |

Print Name | Signature | Date

WELLS FARGO



INSUFFICIENT FUNDS

- Daily ACH Return/NOC Report lists item that were not recovered due to insufficient funds
- Agency is notified that recovery was unsuccessful
- Alternate means of recovery is necessary

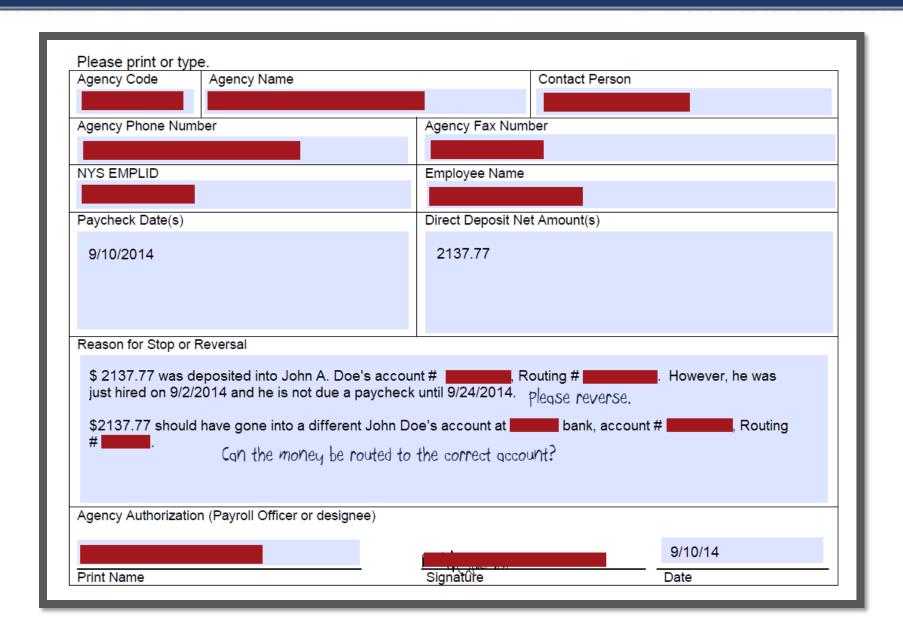


AFTER RECOVERY

- Agency is contacted.
- AC 230 is prepared by the agency and sent to OSC.
- Employee's year to date totals are updated.
- Money returned by Wells Fargo is not available until the check date.



WHEN NOT TO USE THE AC 3197



STOP PAYMENTS

A request for a Stop payment is used when we have to Request a Stop Payment, Replacement Checks, Photocopy of Check, or Forgery Affidavit.



REASONS TO REQUEST A STOP PAYMENT:

- Payee lost check or check is damaged
- Payee not entitled to all or part of payment
- Payee never received check

REASONS WHY OSC MIGHT PROCESS THE TD-346

- Form is filled out incorrectly,
- Agencies fail to notify us that they are doing a stop,
- Agencies forget to update the employee's address,
- We can monitor our account better.

WHAT TO DO IF ONE OF YOUR EMPLOYEES NEED A DIRECT DEPOSIT CHECK RE-ISSUED:

- Email or Call our unit:
- Jamie Kelly (518) 474-4072 jlkelly@osc.state.ny.us
- Stephanie Simmons (518) 486-3097 ssimmons@osc.state.ny.us

CUSTOMER SERVICE: (518) 474-4042

TD-346



New York State Department of Taxation and Finance Division of the Treasury

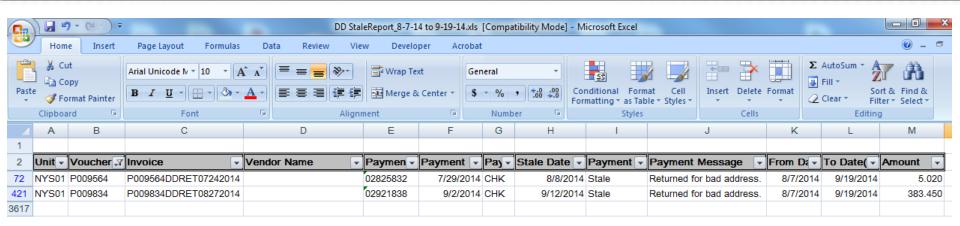
Request for Stop Payment, Replacement Check, Photocopy of Check, or Forgery Affidavit

Agency informatio	n – All fields mu	ist be complet	ed.				
Agency code or business unit	(5 digits)	Telephone number		Fax number			
				()		()	
Agency name				Printed name of agency representative			
Agency street address				Signature of	of agency representat	ve	
City		State	ZIP code	E-mail add	ress of agency repres	antativa	
Oily		Grate	zir code	E mai acc	reas or agency repres	citative	
Check information	 All fields mus 	st be complete	d.				
Check number (8 digits)	Check date	Check amount]			
Payee name				1			
Payee name							
				L			
Pavee has reviewed	previously provided	photocopy, send	forgery affidavit.				
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,					
Vendor checks	Mark an X in the	applicable box:	Regular vendo	or*	Si	ngle vendor**	
Prior to making any regu	lests first refer to the	o Statowido Finan	cial System (SES)	Stale Ren	ort /NVTR1652\ t	o determine if the check	
has been returned to Tre			ciai cystorii (ci c)	otalo Hop	ort (IVI IIII IOOL) t	o determine il trie encor	
	or check is damage sheck number. Refer					ed and a new check will be hotocopy.	
	to all or part of pay the payee is entitled			ated vouc	hers. Agency mu	ust create a new voucher	
	Payee never received check — Address was correct. Reissue with no changes. The original check will be stopped and a new check will be issued with a new check number. Refer to the voucher for reissuance information. If cashed, provide photocopy.						
Payee never receiv	ved check — Addres	ss was incorrect.	See Regular vendo	r or Single	vendor instructi	ons below as appropriate.	
Regular vendor — Reissue with correct address (provide correct address below). Prior to submitting request, the agency or vendor must update the New York State (NYS) Vendor File. The original check will be stopped and a new check will be issued with a new check number and the correct address. Refer to the voucher for reissuance information. If cashed, provide photocopy.							
	Street address						
	City			State	ZIP code		
	ancel check and clo t address. If cashed,			eck will be	stopped and the	agency must create a new	
*A Regular vendor is a v 10-digit vendor identifica							
**A Single vendor is a ver	ndor whose specific in	nformation is not m	nanaged by the Offic	ce of the S	State Comptroller	s Vendor Management Unit.	
Payroll checks							
		nal check will be s	stopped and a repl	acement o	check will be issu	ed with the same check	
Fax this completed form	to the NVS Division	of the Treasury -	- Depository Contr	rol Unit (51	(8) 435-8625 If v	ou have questions call the	

TD-346 (1/13)

Division of the Treasury at (518) 486-1268 or (518) 402-4123.

STALE CHECK REPORT



QUESTIONS?

For assistance with Direct Deposit Returns, Deletes and Reversals contact the **Customer Service** mailbox:

payrolldeduction@osc.state.ny.us

