

Direct Deposit of Net Pay Enrollment / Cancellation

SUBMIT COMPLETED FORM TO:
YOUR AGENCY DIRECT DEPOSIT COORDINATOR OR
YOUR PAYROLL OFFICE

www.NYC.gov/payroll

TYPE OF ACTION	Attach a voided check or a letter from the bank. Check all that apply.					
	<input type="checkbox"/> NEW ENROLLMENT	<input type="checkbox"/> CANCELLATION	<input type="checkbox"/> CHANGE OF NAME ON ACCOUNT	<input type="checkbox"/> CHANGE OF ACCOUNT NUMBER	<input type="checkbox"/> CHANGE OF ACCOUNT TYPE	<input type="checkbox"/> CHANGE OF ABA NUMBER

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	FIRST	M.I.	LAST
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	REFERENCE NUMBER	SOCIAL SECURITY NUMBER	WORK TELEPHONE
	<input type="text"/>	<input type="text"/>	<input type="text"/>

ENROLLMENT	PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER)		
	PERSON 1		
	<input type="text"/>		
	PERSON 2		
	<input type="text"/>		
	ABA NUMBER*	ACCOUNT NUMBER**	ACCOUNT TYPE (CHECK ONLY ONE)
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
	<i>(**See check, passbook or account statement for account number)</i>		
	*ABA BANK NUMBER:		
	CHECKING ACCOUNTS -- The ABA number is the first nine (9) numbers prior to the account number at the bottom left corner of the check.		
	SAVINGS ACCOUNTS -- Contact your bank for ABA number, if not known.		

EMPLOYEE AUTHORIZATION

I hereby authorize The City of New York to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, The City of New York can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the service.

EMPLOYEE SIGNATURE _____

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

CANCELLATION	I hereby authorize The City of New York to cancel my direct deposit agreement.			
	EMPLOYEE SIGNATURE _____	MONTH	DAY	YEAR
		<input type="text"/>	<input type="text"/>	<input type="text"/>

AGENCY PAYROLL SECTION

DOCUMENT #	<input type="text"/>	CHECK DIGIT	<input type="text"/>	JSN	<input type="text"/>	PAYROLL #	<input type="text"/>
-------------------	----------------------	--------------------	----------------------	------------	----------------------	------------------	----------------------

ENROLLMENT REJECTION REASONS	<input type="checkbox"/> INACTIVE LEAVE STATUS	<input type="checkbox"/> PAYCYCLE IS "A"	<input type="checkbox"/> OTHER _____
-------------------------------------	--	--	--------------------------------------

MANAGER/SUPERVISOR	Name _____	Signature _____	MONTH	DAY	YEAR
	(Please Print)		<input type="text"/>	<input type="text"/>	<input type="text"/>

ENTERED INTO PMS	Name _____	Signature _____	MONTH	DAY	YEAR
	(Please Print)		<input type="text"/>	<input type="text"/>	<input type="text"/>