

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 most recent savings statement. 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 <input style="width: 100px;" type="text"/> M.I. <input style="width: 30px;" type="text"/> LAST <input style="width: 150px;" type="text"/> SOCIAL SECURITY NUMBER <input style="width: 100px;" type="text"/> WORK TELEPHONE <input style="width: 100px;" type="text"/>
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ENROLLMENT	PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER) PERSON 1 <input style="width: 200px;" type="text"/> PERSON 2 <input style="width: 200px;" type="text"/> ABA NUMBER* <input style="width: 80px;" type="text"/> ACCOUNT NUMBER** <input style="width: 100px;" type="text"/> ACCOUNT TYPE (CHECK ONLY ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <small>(**See check, passbook or account statement for account number)</small> *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.
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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 <input style="width: 30px;" type="text"/> DAY <input style="width: 30px;" type="text"/> YEAR <input style="width: 30px;" type="text"/>

CANCELLATION	I hereby authorize The City of New York to cancel my direct deposit agreement.
EMPLOYEE SIGNATURE _____	MONTH <input style="width: 30px;" type="text"/> DAY <input style="width: 30px;" type="text"/> YEAR <input style="width: 30px;" type="text"/>

AGENCY PAYROLL SECTION

DOCUMENT # <input style="width: 60px;" type="text"/>	CHECK DIGIT <input style="width: 30px;" type="text"/>	JSN <input style="width: 30px;" type="text"/>	PAYROLL # <input style="width: 60px;" type="text"/>
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ENROLLMENT REJECTION REASONS	<input type="checkbox"/> INACTIVE LEAVE STATUS <input type="checkbox"/> OTHER _____
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MANAGER/ SUPERVISOR	Name _____ Signature _____ (Please Print)	MONTH <input style="width: 30px;" type="text"/> DAY <input style="width: 30px;" type="text"/> YEAR <input style="width: 30px;" type="text"/>
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ENTERED INTO PMS	Name _____ Signature _____ (Please Print)	MONTH <input style="width: 30px;" type="text"/> DAY <input style="width: 30px;" type="text"/> YEAR <input style="width: 30px;" type="text"/>
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