

Direct Deposit of Net Pay

Enroll/Change/Cancel

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 type="text"/>	M.I. <input type="text"/>	LAST <input type="text"/>
	EMPLOYEE REFERENCE # <input type="text"/>	WORK TELEPHONE <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* <input type="text"/>	ACCOUNT NUMBER** <input type="text"/>	ACCOUNT TYPE (CHECK ONLY ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

(**See check, passbook or account statement for account number)

***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 _____	<table border="1" style="float: right;"> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>		MONTH	DAY	YEAR	<input type="text"/>	<input type="text"/>
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"/>
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ENROLLMENT REJECTION REASONS	<input type="checkbox"/> INACTIVE LEAVE STATUS	<input type="checkbox"/> OTHER _____
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MANAGER/ SUPERVISOR	Name _____ <small>(Please Print)</small>	Signature _____	<table border="1" style="float: right;"> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	MONTH	DAY	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>							
ENTERED INTO PMS	Name _____ <small>(Please Print)</small>	Signature _____	<table border="1" style="float: right;"> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	MONTH	DAY	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
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