

# 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

<b>TYPE OF ACTION</b>	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

<b>EMPLOYEE IDENTIFICATION</b>	FIRST <input style="width: 100px;" type="text"/> M.I. <input style="width: 30px;" type="text"/> LAST <input style="width: 150px;" type="text"/> EMPLOYEE REFERENCE # <input style="width: 60px;" type="text"/> WORK TELEPHONE <input style="width: 60px;" type="text"/> - <input style="width: 60px;" type="text"/>
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<b>ENROLLMENT</b>	PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER) PERSON 1 <input style="width: 100%; height: 20px;" type="text"/> PERSON 2 <input style="width: 100%; height: 20px;" type="text"/> ABA NUMBER* <input style="width: 60px;" 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> <b>*ABA BANK NUMBER:</b> 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	DAY	YEAR
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

<b>CANCELLATION</b>	I hereby authorize The City of New York to cancel my direct deposit agreement.
	EMPLOYEE SIGNATURE _____

MONTH	DAY	YEAR
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

### AGENCY PAYROLL SECTION

DOCUMENT #	<input style="width: 100%;" type="text"/>	CHECK DIGIT	<input style="width: 100%;" type="text"/>	JSN	<input style="width: 100%;" type="text"/>	PAYROLL #	<input style="width: 100%;" type="text"/>
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ENROLLMENT REJECTION REASONS	<input type="checkbox"/>	INACTIVE LEAVE STATUS	<input type="checkbox"/>	OTHER _____
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<b>MANAGER/ SUPERVISOR</b>	Name _____	Signature _____	MONTH	DAY	YEAR
	(Please Print)		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

<b>ENTERED INTO PMS</b>	Name _____	Signature _____	MONTH	DAY	YEAR
	(Please Print)		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>