THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM Direct Deposit of Net Pay Enrollment / Cancellation		SUBMIT COMPLETED FORM TO: YOUR AGENCY DIRECT DEPOSIT COORDINATOR OR YOUR PAYROLL OFFICE www.NYC.gov/payroll
Attach a voided check or most recent savings statement. Check all that apply.		
TYPE OF ACTION	NEW ENROLLMENT CANCELLATION CHANGE OF NAM ON ACCOUNT	IE CHANGE OF CHANGE OF CHANGE OF ACCOUNT NUMBER ACCOUNT TYPE ABA NUMBER
EMPLOYEE SECTION		
EMPLOYEE IDENTIFICATION	FIRST M.	
PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER)		
ENROLLMENT	*ABA BANK NUMBER:	(CHECK ONLY ONE) unt statement for account number)  (CHECK ONLY ONE)  CHECKING  CHECKING  (CHECK ONLY ONE)  (CHECK ONLY (CHECK ONLY (CHECK ONLY (CHECK ONLY (CHECK ONLY (CHEC
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.		
I hereby authorize The City of New York to cancel my direct deposit agreement.		
CANCELLATION	EMPLOYEE SIGNATURE	
AGENCY PAYROLL SECTION		
DOCUMENT #	CHECK DIGIT	JSN PAYROLL #
ENROLLMENT REJECTION REASONS     INACTIVE LEAVE STATUS     OTHER		
MANAGER/ SUPERVISOR	Name Signature	
ENTERED INTO PMS	Name Signa (Please Print)	ature