

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

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

(*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 _____	MONTH	DAY
		<input type="text"/>	<input type="text"/>

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

AGENCY PAYROLL SECTION

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

ENROLLMENT REJECTION REASONS INACTIVE LEAVE STATUS OTHER _____

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

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