



TYPE OF ACTION / ATTACH A CANCELLED CHECK OR MOST RECENT SAVINGS STATEMENT

NEW  
ENROLLMENT  
☐CANCELLATION  
☐☐ CHANGE OF : (Check All That Are Affected)ACCOUNT  
NUMBER  
☐ACCOUNT  
TYPE  
☐ABA\*  
NUMBER  
☐

EMPLOYEE INSTRUCTIONS: COMPLETE THE EMPLOYEE INFORMATION, AND ACCOUNT INFORMATION SECTIONS

## EMPLOYEE INFORMATION

(PLEASE CHECK ONE, IF NOT THE FORM WILL BE RETURNED)

PAYROLL BANK NO. ☐ 740 ADMINISTRATIVE ☐ 742 PEDAGOGUES ☐ 744 PARA ☐ 745 SCHOOL BASED HOURLY SUPPORT ☐ 746 PER DIEM TEACHERS ☐ 747 PER SESSION TEACHERS

EMPLOYEE NAME

LAST

M.I.

SOCIAL SECURITY NUMBER

WORK TELEPHONE NO.

## ACCOUNT INFORMATION

PERSON(S) NAME ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER).

- FOR 'CHANGE' APPLICATIONS, PRINT THE NEW ACCOUNT INFORMATION.

- FOR 'CANCELLATIONS', LEAVE BLANK AND SIGN CANCELLATION AUTHORIZATION.

1) 

LAST NAME

FIRST NAME

M.I.

2) 

LAST NAME

FIRST NAME

M.I.

ABA NUMBER\*

ACCOUNT NUMBER \*\*

ACCOUNT TYPE

☐ SAVINGS☐ CHECKING

\* ABA BANK NUMBER

\*\* SEE CHECK, PASSBOOK OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER.

CHECKING ACCOUNTS -- THE ABA NUMBER IS THE FIRST NINE (9) NUMBERS PRIOR TO THE ACCOUNT NUMBER IN THE BOTTOM LEFT CORNER OF CHECK  
SAVINGS ACCOUNT -- CONTACT YOUR BANK FOR ABA NUMBER, IF UNKNOWN.

NOTE:

☐ YES☐ NO

## EMPLOYEE AUTHORIZATION FOR NEW OR CHANGE APPLICATIONS

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 THAT A 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.

SIGNATURE:

DATE:

## CANCELLATION AUTHORIZATION

I HEREBY AUTHORIZED THE CITY OF NEW YORK TO CANCEL MY DIRECT DEPOSIT AUTHORIZATION AGREEMENT.

SIGNATURE:

DATE:

## AGENCY PAYROLL SECTION

ENTERED BY:

DATE: