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. NEW CHANGE OF NAME CHANGE OF ACCOUNT NUMBER CHANGE OF ACCOUNT TYPE ABA NUMBER
EMPLOYEE SECTION	
EMPLOYEE IDENTIFICATION	SOCIAL SECURITY NUMBER WORK TELEPHONE
ENROLLMENT	PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER) PERSON 1 PERSON 2 ABA NUMBER* ACCOUNT NUMBER** ACCOUNT TYPE (CHECK ONLY ONE) SAVINGS 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	
CANCELLATION	I hereby authorize The City of New York to cancel my direct deposit agreement. MONTH DAY YEAR SIGNATURE
AGENCY PAYROLL SECTION	
DOCUMENT #	CHECK DIGIT JSN PAYROLL#
ENROLLMENT INACTIVE CONTROLLED OTHER CON	
MANAGER/ SUPERVISOR	Name Signature Signature
ENTERED INTO PMS	Name Signature Signature