

## Direct Deposit of Net Pay Enroll / Change / Cancel

Submit	comi	oleted	form	to

Your Agency Direct Deposit Coordinator or Payroll

TYPE OF	Attach a voided check or most recent savings statement. Check all that apply.  NEW CHANGE OF CHANGE OF CHANGE OF CHANGE OF			
ACTION	NEW CHANGE OF NAME CHANGE OF ACCOUNT NUMBER ACCOUNT TYPE ABA NUMBER			
EMPLOYEE SECTION				
EMPLOYEE IDENTIFICATION	FIRST M.I. LAST  EMPLOYEE REFERENCE # 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  *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.  EMPLOYEE SIGNATURE  MONTH DAY YEAR SIGNATURE			
AGENCY PAYROLL SECTION				
DOCUMENT #	JSN PAYROLL#			
ENROLLMENT INACTIVE REJECTION REASONS LEAVE STATUS OTHER				
MANAGER/SUPERVISOR	Name Signature Signature			
ENTERED INTO Pi	Name Signature Signature			