

# 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 ENROLLMENT   
  CANCELLATION   
  CHANGE OF NAME ON ACCOUNT   
  CHANGE OF ACCOUNT NUMBER   
  CHANGE OF ACCOUNT TYPE   
  CHANGE OF ABA NUMBER

## EMPLOYEE SECTION

**EMPLOYEE IDENTIFICATION**

FIRST

M.I.

LAST

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 \_\_\_\_\_

MONTH DAY YEAR  
  /   /

**CANCELLATION**

I hereby authorize The City of New York to cancel my direct deposit agreement.

EMPLOYEE SIGNATURE \_\_\_\_\_

MONTH DAY YEAR  
  /   /

## AGENCY PAYROLL SECTION

DOCUMENT #

CHECK DIGIT

JSN

PAYROLL #

ENROLLMENT REJECTION REASONS  INACTIVE LEAVE STATUS  PAYCYCLE IS "A"  OTHER \_\_\_\_\_

AGENCY REP

Name \_\_\_\_\_ Signature \_\_\_\_\_  
 (Please Print)

MONTH DAY YEAR  
  /   /

DATA ENTRY OPERATOR

Name \_\_\_\_\_ Signature \_\_\_\_\_  
 (Please Print)

MONTH DAY YEAR  
  /   /