

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 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
	<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

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 \_\_\_\_\_ Date  /  /

Cancellation

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

Employee Signature \_\_\_\_\_ Date  /  /

AGENCY PAYROLL SECTION

DOCUMENT #	<input type="text"/>	CHECK DIGIT	<input type="text"/>	JSN	<input type="text"/>	PAYROLL	<input type="text"/>
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ENROLLMENT REJECTION REASONS:  INACTIVE LEAVE STATUS    PAYCYCLE IS "A"    OTHER \_\_\_\_\_

AGENCY REP	NAME _____ (PLEASE PRINT)	SIGNATURE _____	DATE _____
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DATA ENTRY OPERATOR	NAME _____ (PLEASE PRINT)	SIGNATURE _____	DATE _____
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