

CITY OF NEW YORK EMPLOYEES ONLY



Direct Deposit of Net Pay Enrollment

Submit completed form to:

Your Agency Direct Deposit Coordinator or Payroll Office

TYPE OF ACTION



NEW ENROLLMENT

Attach a voided check or most recent savings statement.

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION

FIRST

M.I.

LAST

REFERENCE NUMBER

WORK TELEPHONE

AGENCY

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:**

(**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 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

AGENCY PAYROLL SECTION

DOCUMENT #

JSN

PAYROLL #

ENROLLMENT REJECTION REASONS

INACTIVE LEAVE STATUS

OTHER _____

MANAGER/SUPERVISOR

Name

(Please Print)

Signature

MONTH DAY YEAR

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ENTERED INTO Pi

Name

(Please Print)

Signature

MONTH DAY YEAR

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