DIREC	CITY OF NEW YORK PAYROLL SUBMIT COMPLETED FORM TO: MANAGEMENT SYSTEM YOUR AGENCY DIRECT DEPOSIT COORDINATOR OR YOUR CT DEPOSIT OF NET PAY PAYROLL OFFICE mollment/Cancellation www.NYC.gov/payrol
	Attach a voided check or most recent savings statement. Check all that apply.
TYPE OF ACTION	New Change of Name Change of Change of Change of Enrollment Cancelation on Account Account Number Account Type ABA Number
	EMPLOYEE SECTION
	FIRST M.I. LAST
EMPLOYEE IDENTIFICATION	
	N SOCIAL SECURITY NUMBER WORK TELEPHONE
Enrollment	PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY-INCLUDE TRUSTEE OR HOINT OWNER):
	PERSON 1
	PERSON 2
	ABA NUMBER* ACCOUNT NUMBER** ACCOUNT TYPE (CHECK ONLY ONE)
	*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 ACCOUNTSContact 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 cancelation to terminate the service.	
Employee Signat	Date / / /
	I hereby authorize The City of New York to cancel my direct deposit agreement.
Cancelation	Employee Signature Date
DOCUMENT #	CHECK DIGIT
ENROLLMENT REJECTION REASONS: INACTIVE LEAVE STATUS PAYCYCLE IS "A" OTHER	
AGENCY REP	NAME SIGNATURE DATE
DATA ENTRY OPERATOR	NAME SIGNATURE DATE