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 a letter from the bank. 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

REFERENCE NUMBER | 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 _____

MANAGER/ SUPERVISOR

Name (Please Print) _____ Signature _____ MONTH DAY YEAR D D D D D D

ENTERED INTO PMS

Name (Please Print) _____ Signature _____ MONTH DAY YEAR D D D D D D