

**CITY OF NEW YORK EMPLOYEES ONLY**



**Direct Deposit of Net Pay  
Enrollment**

Submit completed form to:

Your Agency Direct Deposit Coordinator or  
Your Payroll Office

**TYPE OF ACTION**



NEW ENROLLMENT

Attach a voided check or most recent savings statement.

**EMPLOYEE SECTION**

**EMPLOYEE IDENTIFICATION**

FIRST

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M.I.

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LAST

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

REFERENCE NUMBER

--	--	--	--	--	--	--	--	--	--

WORK TELEPHONE

--	--	--	--	--	--	--	--	--	--

AGENCY

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**ENROLLMENT**

**PERSON(S) NAMED ON ACCOUNT** (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER)

PERSON 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PERSON 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ABA NUMBER\*

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ACCOUNT NUMBER\*\*

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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 #

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CHECK DIGIT

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JSN

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PAYROLL #

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ENROLLMENT REJECTION REASONS

INACTIVE LEAVE STATUS

OTHER \_\_\_\_\_

MANAGER/ SUPERVISOR

Name

(Please Print)

Signature

MONTH	DAY	YEAR

ENTERED INTO PMS

Name

(Please Print)

Signature

MONTH	DAY	YEAR