NYCAPS AGENCIES ONLY

THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM

SUMBIT COMPLETED FORM TO:

EMPLOYEE SECTION Employee D	Direct Deposit of Net Pay Enrollment					YOUR AGENCY DIRECT D YOUR PAYROLL OFFICE	EPOSIT COOI	www.NYC.gov/payroll	
EMPLOYEE IDENTIFICATION Employee ID			I/\ I Attach a Volded check of most recent savings statement						
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Name Payroll Num Payroll Number:	FMPI C			Dire	ct Dep	osit of Net Pay			
New Direct Deposit Info Please enter the new Direct Deposit Information. Enter all fields. Routing Number: Account Number: Account Type: (Check only one) SAVINGS CHECKING 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 – 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 verth the credit was made in error. I understand that, under the "National Automated Clearing House Association" operation 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. AGENCY PAYROLL SECTION AGENCY PAYROLL SECTION ENTERED INTO NONTH DAY YEAR MONTH DAY YEAR SIgnature		VFF		Employee ID					
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