

# NYCAPS AGENCIES ONLY

THE CITY OF NEW YORK  
PAYROLL MANAGEMENT SYSTEM  
**Direct Deposit of Net Pay  
Enrollment**

SUBMIT COMPLETED FORM TO:  
YOUR AGENCY DIRECT DEPOSIT COORDINATOR OR  
YOUR PAYROLL OFFICE

www.NYC.gov/payroll

**TYPE OF  
ACTION**

**NEW  
ENROLLMENT**

Attach a voided check or most recent savings statement.

## EMPLOYEE SECTION

### Direct Deposit of Net Pay

**EMPLOYEE  
IDENTIFICATION**

|             |  |
|-------------|--|
| Employee ID |  |
| Name        |  |
| Payroll Num |  |

**ENROLLMENT**

### New Direct Deposit Info

Please enter the new Direct Deposit information. Enter all fields.

Routing Number:

Account Number:

Account Type:  **SAVINGS**  **CHECKING**  
(Check only one)

*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" 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.

**EMPLOYEE  
SIGNATURE** \_\_\_\_\_

MONTH DAY YEAR

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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## AGENCY PAYROLL SECTION

**ENTERED  
INTO  
NYCAPS**

**Name**  
(Please Print)

**Signature** \_\_\_\_\_

MONTH DAY YEAR

|                      |                      |                      |                      |                      |                      |                      |                      |
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