THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM
(7/02)

TYPE OF ACTION

NEW ☐ ENROLLMENT | ☐ CANCELLATION

CHANGE OF: (Check All That Are Affected Below)

☐ PERSON(S) NAMED ON THE ACCOUNT | ☐ ACCOUNT NUMBER | ☐ ACCOUNT TYPE | ☐ ABA* NUMBER

FOR ENROLLMENT AND CHANGES COMPLETE PETITIONER, ACCOUNT, AND RESPONDENT INFORMATION AND PETITIONER ENROLLMENT AUTHORIZATION.
FOR CANCELLATION COMPLETE PETITIONER AND RESPONDENT INFORMATION AND PETITIONER CANCELLATION.

CHILD SUPPORT DIRECT DEPOSIT ENROLLMENT / CANCELLATION

PETITIONER INFORMATION

PETITIONER NAME — LAST | FIRST | MI

DAY TELEPHONE NO. ( )

PETITIONER ADDRESS — Street | Apt#

EVE. TELEPHONE NO. ( )

E-MAIL ADDRESS

City | State | Zip

ACCOUNT INFORMATION

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

1) | 2)

ABA NUMBER* ☐☐☐☐☐☐☐☐☐

ACCOUNT NUMBER **

(**SEE CHECK, PASSBOOK OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER)

ACCOUNT TYPE

☐ SAVINGS ☐ CHECKING

(CHECK ONE ONLY)

ATTACH A VOIDED CHECK OR A RECENT SAVINGS ACCOUNT STATEMENT COPY

*ABA BANK NUMBER:

CHECKING ACCOUNTS -- THE ABA NUMBER IS THE FIRST NINE(9) NUMBERS PRIOR TO THE ACCOUNT NUMBER IN THE BOTTOM LEFT CORNER OF CHECK.
SAVINGS ACCOUNTS -- CONTACT YOUR BANK FOR ABA NUMBER, IF NOT KNOWN.

RESPONDENT INFORMATION

EMPLOYEE NAME — LAST | FIRST | MI

EMPLOYEE SOCIAL SECURITY NUMBER ☐☐☐ — ☐☐ — ☐☐☐☐

DOCUMENT NUMBER ☐☐☐☐☐☐☐
(OPA USE ONLY)

PAYROLL INFORMATION
CHECK DIGIT ☐ JSN ☐ PYRL NO ☐☐☐
(OPA USE ONLY)

PETITIONER ENROLLMENT AUTHORIZATION

I HEREBY AUTHORIZE THE CITY OF NEW YORK TO DEPOSIT DIRECTLY INTO MY CHECKING OR SAVINGS ACCOUNT THE CHILD SUPPORT PAYMENTS WITHHELD FROM THE PAY OF THE ABOVE EMPLOYEE. 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 A WRITTEN CANCELLATION TO TERMINATE THE SERVICE TO THE OFFICE OF PAYROLL ADMINISTRATION.

SIGNATURE | DATE

Sworn before me this _____ day of _____ ,20 _____

NOTARY SIGNATURE

Notary Stamp

PETITIONER CANCELLATION

I HEREBY AUTHORIZE THE CITY OF NEW YORK TO CANCEL MY DIRECT DEPOSIT AUTHORIZATION AGREEMENT.

SIGNATURE | DATE

Sworn before me this _____ day of _____ ,20 _____

NOTARY SIGNATURE

Notary Stamp

OPA USE

ENROLLMENT REJECTION REASONS

☐ INACTIVE LEAVE STATUS | ☐ AGGREGATE PAYMENT | OTHER ☐ _____

KEY ENTRY OPERATOR

PMS ENTERED BY
(SIGNATURE) DATE

CS ENTERED BY
(SIGNATURE) DATE