CITY OF NEW YORK EMPLOYEES 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

EMPLOYEE IDENTIFICATION

FIRST ☐☐☐☐☐☐☐☐☐☐☐☐ M.I. ☐ LAST ☐☐☐☐☐☐☐☐☐☐☐☐

REFERENCE NUMBER ☐☐☐☐☐☐☐ WORK TELEPHONE ☐☐☐ ☐☐☐-☐☐☐☐ AGENCY ☐

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 ☐☐

AGENCY PAYROLL SECTION

DOCUMENT # ☐☐☐☐☐☐☐ CHECK DIGIT ☐ JSN ☐ PAYROLL # ☐☐☐

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 ☐☐