



# Direct Deposit of Child Support Enrollment / Cancellation

Submit form and supporting documents to: Email: Childsupport\_Unit@fisa-opa.nyc.gov Fax: (212) 742-5663

Mail: FISA-OPA Ordered Deductions Unit 450 West 33rd Street, 4th Floor New York, NY 10001-2633

Type of action: New Enrollment Cancellation Change of (check all that are affected): Person(s) named on the account Account # Account type ABA\* #

Complete the petitioner information, enrollment or cancellation, and employee section. Provide all information.

## PETITIONER INFORMATION

Petitioner Name FIRST MI LAST

Petitioner Address STREET APT # CITY STATE ZIP

Day Phone:

Alternate Phone:

E-mail:

## ENROLLMENT

Person(s) named on account (print exactly – include trustee or joint owner) 1) 2)

ABA Number\*

Account Number \*\*

Account Type Savings Checking (Check one only)

Attach a void check or a recent savings statement

\* ABA 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. \*\* Account Number: See check, passbook or account statement for account number.

## EMPLOYEE INFORMATION

Employee Name FIRST MI LAST

Last Four Digits of Social Security Number: Document Number (OPA Use Only): Payroll Information (OPA Use Only): JSN PAYROLL NUMBER

## PETITIONER AUTHORIZATION

I hereby authorize the City of New York to deposit the child support payments withheld from the pay of the above employee directly into my checking or savings account. 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 the Office of Payroll Administration a written cancellation to terminate the service.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Notary Signature \_\_\_\_\_ Notary Stamp

## 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

## FISA-OPA USE ONLY

### ENROLLMENT REJECTION REASON

- Inactive Leave Status  Aggregate Payment  Other \_\_\_\_\_

### PI ENTERED BY

Signature \_\_\_\_\_ Date \_\_\_\_\_