

THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM DIRECT DEPOSIT OF NET PAY ENROLLMENT/CANCELLATION <small>FISA FORM PMS-EFT (4/98)</small>	TYPE OF ACTION / ATTACHED A CANCELLED CHECK OR MOST RECENT SAVINGS STATEMENT					
	NEW <input type="checkbox"/>	<input type="checkbox"/>	CHANGE OF: (Check All That Are Affected Below)			
ENROLLMENT	CANCELLATION	PERSON(S) NAMED <input type="checkbox"/>	ACCOUNT <input type="checkbox"/>	ACCOUNT <input type="checkbox"/>	ACCOUNT <input type="checkbox"/>	ABA* <input type="checkbox"/>
		ON THE ACCOUNT	NUMBER	TYPE		NUMBER

EMPLOYEE INSTRUCTIONS: COMPLETE THE EMPLOYEE INFORMATION, AND ENROLLMENT OR CANCELLATION SECTION, PROVIDE ALL INFORMATION  
 AGENCY DIRECT DEPOSIT COORDINATOR: REVIEW EMPLOYEE'S INFORMATION, COMPLETE AREAS AS INDICATED.

**ACTIVE MEMBERS ONLY!! EMPLOYEE INFORMATION**

EMPLOYEE NAME LAST FIRST M	WORK TELEPHONE NO.
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DOCUMENT NUMBER (OPA/AGENCY USE ONLY)	SOCIAL SECURITY NUMBER	PAYROLL INFORMATION CHECK DIGIT JSN PYRL NO
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(FOR AGENCY PAYROLL USE ONLY)

**ACTIVE MEMBERS ONLY!! ENROLLMENT**

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

1)	2)
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ABA NUMBER*	ACCOUNT NUMBER ** <small>(*SEE CHECK, PASSBOOK OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER)</small>	ACCOUNT TYPE <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING (CHECK ONE ONLY)
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**\*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.

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CANCELLATION**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AGENCY PAYROLL SECTION**

AGENCY REP SIGNATURE	DATE
ENROLLMENT REJECTION REASONS <input type="checkbox"/> INACTIVE LEAVE STATUS <input type="checkbox"/> PAYCYCLE IS "A" <input type="checkbox"/> OTHER	KEY ENTRY OPERATOR ENTERED BY (SIGNATURE) DATE