Health Care Flexible Spending Account (HCFSA) and the Dependent Care Assistance Program (DeCAP) are divisions of the Office of Labor Relations' Tax-Favored Benefits Program

FLEXIBLE SPENDING ACCOUNTS (FSA) PROGRAM

DIRECT DEPOSIT ENROLLMENT/CHANGE/CANCELLATION FORM

Bowling Green Station, P.O. Box 707, New York, NY 10274
(212) 306-7760 TTY: (212) 306-7629 nyc.gov/fsa

❑ HCFSA ❑ DeCAP ❑ HCFSA/DeCAP | Plan Year: ❑ 2016 ❑ 2015 ❑ Both Plan Years

TYPE OF ACTION (CHECK ALL THAT APPLY)

❑ Initial Enrollment ❑ Cancellation ❑ Change of Name on Account
❑ Change of Account Number ❑ Change of Account Type ❑ Change of ABA Number

PARTICIPANT INFORMATION (ALL SECTIONS MUST BE COMPLETED)

SOCIAL SECURITY NUMBER	WORK PHONE NUMBER	HOME PHONE NUMBER	
- -	- -	- -	

LAST NAME	FIRST NAME	MI.

HOME ADDRESS - NUMBER AND STREET	APT. NO.

CITY	STATE	ZIP + FOUR
		+

INITIAL ENROLLMENT/CHANGE

Account type (CHECK ONLY ONE)

❑ Checking
❑ Savings

Person(s) named on account (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER) - Must attach a voided check or most recent savings statement.

1)

2)

ABA NUMBER*	ACCOUNT NUMBER**

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

****ACCOUNT NUMBER:** SEE CHECK, PASSBOOK, OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER.

PARTICIPANT AUTHORIZATION

I hereby authorize the Tax-Favored Benefits Program to deposit my HCFSA/DeCAP reimbursement 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 Tax-Favored Benefits Program can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to the Tax-Favored Benefits Program a written cancellation to terminate the service. I will notify the Tax-Favored Benefits Program if my bank account numbers listed above should change.

Participant Signature Date / /

CANCELLATION

I hereby authorize the Tax-Favored Benefits Program to cancel my direct deposit agreement.

Participant Signature Date / /

Return completed form to:
City of New York Flexible Spending Accounts Program
Bowling Green Station, P.O. Box 707
New York, NY 10274

Please retain a copy for your records.

DO NOT WRITE IN THIS AREA

	DATABASE		
	INITIAL	DATE	AGENCY PAYROLL CODE
HCFSA		/ /	
DeCAP		/ /	