Healthy 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 Account Number
- Change of Account Type
- Change of Name on Account
- 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) 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.