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