

Vendor/Client Direct Deposit Enrollment/Cancellation

http://www.nyc.gov/html/acs/html/support_families/post_adoption.shtml

Submit Completed Form To: The City of New York
Children's Services
P. O. Box 914
Peck Slip Station
New York, NY 10272-0914

For Use By:

- Adoption Subsidy Direct Foster Care
- Housing Subsidy Adoption Attorney

Type of Action

Attach a voided check or most recent savings statement. Check all that apply:

- New Enrollment Change Of Name On Account Change Of Account Type
- Cancellation Change Of Account Number Change Of ABA Number

VENDOR/CLIENT SECTION

Vendor/Client Identification

First	M.I.	Last

Vendor/Client Number	Tax ID/SSN (Landlord Only)	Daytime Telephone Number

Enrollment (Person(s) named on the account must include vendor/client – exception may apply to landlord)

Person(s) Named On Account (**Print Exactly** – Include trustee or joint owner)

Person 1

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Person 2

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ABA Number*	Account Number**	Account Type (Check Only One)
		<input type="checkbox"/> Savings <input type="checkbox"/> Checking

*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.

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

Vendor/Client Authorization

I hereby authorize NYC/ACS to deposit my payment 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, NYC/ACS can reverse only the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide NYC/ACS a written cancellation to terminate the service.

Vendor/Client Signature: _____ / _____ / _____
DATE

Cancellation

I Hereby Authorize NYC/ACS To Cancel My Direct Deposit Agreement.

Vendor/Client Signature: _____ / _____ / _____
DATE

AGENCY USE ONLY

Data Entry: _____ / _____ / _____	PRINT	SIGN	DATE
Supervisor: _____ / _____ / _____	PRINT	SIGN	DATE