

**Direct Deposit/Electronic Funds Transfer (EFT)
ENROLLMENT/CHANGE OF ACCOUNT FORM****INSTRUCTIONS**

- For more information about EFT, to contact us, or to download an application, go to nyc.gov/eft
- If sending by mail, please do not staple
- If submitting multiple enrollments by E-Fax, each individual application must be faxed separately
- **Form must be typed and submitted to:**

E-Fax: (646) 500-7152 **Or****Mail:** NYC Department of Finance, Treasury Division
66 John Street, 12th Floor, New York, NY 10038, Attention: EFT**SECTION 1 - APPLICATION REQUIREMENT (REQUIRED ITEM)**Submit **one** item with your application.
Incomplete applications will not be processed.

- Copy of voided check imprinted with vendor name
- Current bank statement Letter from your bank*

*Bank documentation must contain the vendor/company name, complete bank account and routing number.
Bank documentation must also include bank representative's signature, printed name, and date signed.**SECTION 2 - VENDOR INFORMATION (ALL FIELDS REQUIRED)**

1. Social Security # or Taxpayer ID #: <i>(As it appears on W-9 Form)</i>	
2. Vendor Name: <i>(As it appears on W-9 Form)</i>	
3. Vendor Payment Address: <i>Number, Street, City, State and Zip Code</i>	
4. Address ID:	
5. Vendor Email Address:	
6. Vendor Telephone Number:	

SECTION 3 - BANK INFORMATION (ALL FIELDS REQUIRED)

1. Name of Bank:	
2. Name of Account: <i>(Exactly as it appears on Account)</i>	
3. Account Number and Type:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
4. 9-Digit Bank Routing Number: <i>(See bottom of check)</i>	
5. Bank Telephone Number:	

SECTION 4 - VENDOR SIGNATURE AND AUTHORIZATION (MUST SIGN, PRINT AND DATE)

I, hereby confirm my authority, as an authorized signer of the above-referenced bank account ("Account"), to issue this instruction to credit and debit, via the Automated Clearinghouse, the Account. I authorize the City of New York to deposit, via Automated Clearinghouse credit entry, all entitled payments to the Account and to initiate, as necessary, Automated Clearinghouse debit entries to adjust any Automated Clearinghouse credit (i) made in error (ii) deposited for an incorrect amount, or (iii) that is a duplicate of a correct payment. The City of New York will make a reasonable effort to communicate with me to notify me of a debit entry that will be made to the Account. I understand that this authorization will remain in effect until a written instruction, properly executed by me, authorizing cancellation is submitted to the fax number above.

Authorized Signature	Print/Type Name	Date (MM-DD-YYYY)