Health Care Flexible Spending Account (HCFSA) and the Dependent Care Assistance Program (DeCAP) are divisions of the Office of Labor Relations' Flexible Spending Accounts 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 nyc.gov/fsa

Flexible Spending Accounts HCFSA DeCAP

❑ HCFSA ❑ DeCAP ❑ HCFSA/DeCAP | Plan Year: ❑ 2020 ❑ 2019 ❑ 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 Flexible Spending Accounts 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 Flexible Spending Accounts 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 Flexible Spending Accounts Program a written cancellation to terminate the service. I will notify the Flexible Spending Accounts Program if my bank account numbers listed above should change.

Participant Signature Date

CANCELLATION

I hereby authorize the Flexible Spending Accounts 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		/ /		

Reset Fields Print Form