Reset Form

FISA Payroll

Direct Deposit of Child Support Enrollment / Cancellation

Submit form and supporting documents to:
Email: Childsupport_Unit@fisa-opa.nyc.gov
Fax: (212) 742-5663

Mail: FISA-OPA
Ordered Deductions Unit
450 West 33rd Street, 4th Floor
New York, NY 10001-2633

Type of action: ☐ New Enrollment ☐ Cancellation ☐ Change of (check all that are affected):
☐ Person(s) named on the account ☐ Account # ☐ Account type ☐ ABA* #

Complete the petitioner information, enrollment or cancellation, and employee section. Provide all information.

PETITIONER INFORMATION

Petitioner Name

FIRST | MI | LAST

Petitioner Address

STREET | APT # | Day Phone:

CITY | STATE | ZIP | Alternate Phone:

E-mail:

ENROLLMENT

Person(s) named on account (print exactly – include trustee or joint owner)

1) 2)

ABA Number* | Account Number ** | Account Type (Check one only) ☐ Savings ☐ Checking

Attach a void check or a recent savings statement

* ABA Number: Checking Accounts – the ABA number is the first nine (9) numbers prior to the account number in the bottom left corner of check. Savings Accounts – contact your bank for ABA number, if not known.

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

EMPLOYEE INFORMATION

Employee Name

FIRST | MI | LAST

Last Four Digits of Social Security Number: | Document Number (OPA Use Only): | Payroll Information (OPA Use Only): CD ☐ JSN ☐ PAYROLL NUMBER

PETITIONER AUTHORIZATION

I hereby authorize the City of New York to deposit the child support payments withheld from the pay of the above employee directly into my checking or savings account. 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 the Office of Payroll Administration a written cancellation to terminate the service.

Signature _____ Date _____

Sworn before me this _____ day of _____ , 20 _____

Notary Stamp

Notary Signature _____

CANCELLATION

I HEREBY AUTHORIZE THE CITY OF NEW YORK TO CANCEL MY DIRECT DEPOSIT AUTHORIZATION AGREEMENT.

Signature _____ Date _____

Sworn before me this _____ day of _____ , 20 _____

Notary Stamp

Notary Signature _____

OPA USE ONLY

ENROLLMENT REJECTION REASON

☐ Inactive Leave Status ☐ Aggregate Payment

☐ Other _____

KEY ENTRY OPERATOR

Pi ENTERED BY Signature _____ Date _____