

CITY UNIVERSITY OF NEW YORK COMMUNITY COLLEGES EMPLOYEES ONLY



Direct Deposit of Net Pay Enrollment

Submit completed form to:
Your Agency Direct Deposit Coordinator or Payroll Office

TYPE OF ACTION



NEW ENROLLMENT

Attach a voided check or most recent savings statement.

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION

FIRST <input style="width: 100%; height: 20px;" type="text"/>	M.I. <input style="width: 100%; height: 20px;" type="text"/>	LAST <input style="width: 100%; height: 20px;" type="text"/>
REFERENCE NUMBER <input style="width: 100%; height: 20px;" type="text"/>	WORK TELEPHONE <input style="width: 100%; height: 20px;" type="text"/>	AGENCY <input style="width: 100%; height: 20px;" type="text"/>

ENROLLMENT

PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER)

PERSON 1

PERSON 2

ABA NUMBER* <input style="width: 100%; height: 20px;" type="text"/>	ACCOUNT NUMBER** <input style="width: 100%; height: 20px;" type="text"/>	ACCOUNT TYPE (CHECK ONLY ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
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***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.

(**See check, passbook or account statement for account number)

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

AGENCY PAYROLL SECTION

DOCUMENT # <input style="width: 100%; height: 20px;" type="text"/>	JSN <input style="width: 100%; height: 20px;" type="text"/>	PAYROLL # <input style="width: 100%; height: 20px;" type="text"/>
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ENROLLMENT REJECTION REASONS INACTIVE LEAVE STATUS OTHER _____

MANAGER/SUPERVISOR

Name _____ <small>(Please Print)</small>	Signature _____	MONTH DAY YEAR <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
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ENTERED INTO Pi

Name _____ <small>(Please Print)</small>	Signature _____	MONTH DAY YEAR <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
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