

NYCAPS AGENCIES 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

Direct Deposit of Net Pay

EMPLOYEE IDENTIFICATION

Employee ID	
Name	
Payroll Num	

New Direct Deposit Info

Please enter the new Direct Deposit information. Enter all fields.

Routing Number:

Account Number:

Account Type: SAVINGS CHECKING
(Check only one)

*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.*

ENROLLMENT

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" operation 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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AGENCY PAYROLL SECTION

ENTERED INTO Pi

Name
(Please Print)

Signature _____

MONTH DAY YEAR

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