

THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM <b>DIRECT DEPOSIT OF NET PAY          ENROLLMENT/CANCELLATION</b> <small>FISA FORM PMS-EFT (4/98)</small>	<b>TYPE OF ACTION / ATTACHED A CANCELLED CHECK OR MOST RECENT SAVINGS STATEMENT</b>				
	NEW <input type="checkbox"/>	<input type="checkbox"/>	<b>CHANGE OF: (Check All That Are Affected Below)</b>		
ENROLLMENT	CANCELLATION	PERSON(S) NAMED <input type="checkbox"/>	ACCOUNT <input type="checkbox"/>	ACCOUNT <input type="checkbox"/>	ABA* <input type="checkbox"/>
		ON THE ACCOUNT	NUMBER	TYPE	NUMBER

EMPLOYEE INSTRUCTIONS: COMPLETE THE EMPLOYEE INFORMATION, AND ENROLLMENT OR CANCELLATION SECTION, PROVIDE ALL INFORMATION  
 AGENCY DIRECT DEPOSIT COORDINATOR: REVIEW EMPLOYEE'S INFORMATION, COMPLETE AREAS AS INDICATED.

## EMPLOYEE INFORMATION

<b>EMPLOYEE NAME</b>			<b>WORK TELEPHONE NO.</b>
LAST	FIRST	M	

<b>DOCUMENT NUMBER</b> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <small>(OPA/AGENCY USE ONLY)</small>									<b>SOCIAL SECURITY NUMBER</b> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											<b>PAYROLL INFORMATION</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;">CHECK DIGIT</td> <td style="width: 10%;"> </td> <td style="width: 10%;">JSN</td> <td style="width: 10%;"> </td> <td style="width: 10%;">PYRL NO</td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table> <small>(FOR AGENCY PAYROLL USE ONLY)</small>	CHECK DIGIT		JSN		PYRL NO			
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## ENROLLMENT

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

1)	2)
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<b>ABA NUMBER*</b> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											<b>ACCOUNT NUMBER **</b> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <small>(**SEE CHECK, PASSBOOK OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER)</small>																					<b>ACCOUNT TYPE</b> <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <small>(CHECK ONE ONLY)</small>

\*ABA BANK 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.

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CANCELLATION**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## AGENCY PAYROLL SECTION

AGENCY REP SIGNATURE _____	DATE _____
<b>ENROLLMENT REJECTION REASONS</b>	<b>KEY ENTRY OPERATOR</b>
<input type="checkbox"/> INACTIVE LEAVE STATUS <input type="checkbox"/> PAYCYCLE IS "A"            OTHER <input type="checkbox"/> _____	ENTERED BY (SIGNATURE) _____
	DATE _____