

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

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

EMPLOYEE NAME	WORK TELEPHONE NO.
LAST <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
FIRST <input style="width: 100%;" type="text"/>	M <input style="width: 100%;" type="text"/>

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

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

1) <input style="width: 100%;" type="text"/>	2) <input style="width: 100%;" type="text"/>
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ABA NUMBER*	ACCOUNT NUMBER **	ACCOUNT TYPE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
	<small>(**SEE CHECK, PASSBOOK OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER)</small>	<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
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CANCELLATION

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

SIGNATURE	DATE
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AGENCY PAYROLL SECTION

AGENCY REP SIGNATURE	DATE
ENROLLMENT REJECTION REASONS	KEY ENTRY OPERATOR
<input type="checkbox"/> INACTIVE LEAVE STATUS <input type="checkbox"/> PAYCYCLE IS "A" <input type="checkbox"/> OTHER _____	ENTERED BY (SIGNATURE) <input style="width: 100%;" type="text"/>
	DATE <input style="width: 100%;" type="text"/>