***** PLEASE PRINT CLEARLY IN CAPS WITH BLACK INK PEN *****

New York City Department of Education

ELECTRONIC FUND TRANSFER APPLICATION

TYPE OF ACTION / ATTACH A CANCELLED CHECK OR MOST RECENT SAVINGS STATEMENT

NEW ENROLLMENT	CANCELLATION	CHANGE OF : (Check All That Are Affected)			
		PERSON(S) ON THE ACCOUNT	ACCOUNT NUMBER	ACCOUNT TYPE	ABA* NUMBER
☐	☐	☐	☐	☐	☐

EMPLOYEE INSTRUCTIONS: COMPLETE THE EMPLOYEE INFORMATION, AND ACCOUNT INFORMATION SECTIONS

EMPLOYEE INFORMATION

(PLEASE CHECK ONE, IF NOT THE FORM WILL BE RETURNED)

PAYROLL BANK NO. ☐ 740 ADMINISTRATIVE ☐ 742 PEDAGOGUES ☐ 744 PARA ☐ 745 SCHOOL BASED HOURLY SUPPORT ☐ 746 PER DIEM TEACHERS ☐ 747 PER SESSION TEACHERS

EMPLOYEE NAME

LAST FIRST M.I.

SOCIAL SECURITY NUMBER

WORK TELEPHONE NO.

ACCOUNT INFORMATION

PERSON(S) NAME ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER).
- FOR 'CHANGE' APPLICATIONS, PRINT THE NEW ACCOUNT INFORMATION.
- FOR 'CANCELLATIONS', LEAVE BLANK AND SIGN CANCELLATION AUTHORIZATION.

1) LAST NAME

FIRST NAME M.I.

2) LAST NAME

FIRST NAME M.I.

ABA NUMBER*

ACCOUNT NUMBER **

ACCOUNT TYPE ☐ SAVINGS ☐ CHECKING (CHECK ONE ONLY)

** SEE CHECK, PASSBOOK OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER.

* 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 ACCOUNT -- CONTACT YOUR BANK FOR ABA NUMBER, IF UNKNOWN.

NOTE:
PLEASE CONFIRM WITH YOUR FINANCIAL INSTITUTION THAT THE ABA NUMBER AND ACCOUNT TYPE ARE CORRECT FOR DIRECT DEPOSIT. FOR MONEY MARKET ACCOUNTS, PLEASE VERIFY WITH YOUR FINANCIAL INSTITUTION THE APPROPRIATE ACCOUNT TYPE FOR DIRECT DEPOSIT.

EMPLOYEE AUTHORIZATION FOR NEW OR CHANGE APPLICATIONS

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 THAT A 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 AUTHORIZATION

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

SIGNATURE: DATE:

AGENCY PAYROLL SECTION

ENTERED BY: DATE: