NEW YORK CITY HEALTH + HOSPITALS

PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT

INSTRUCTIONS:

-For new enrollment…..... fill in sections 1, 2, and 4.
-For bank and/or account changes……fill in sections 1, 3, and 4.
-For termination of service……..fill in sections 1 and 5.

Email completed form and voided check to payrollinquiries@nychhc.org

SECTION 1: EMPLOYEE INFORMATION

NAME:_____
LAST FIRST

FACILITY:_____

EMPLOYEE ID NUMBER: _____

WORK PHONE NUMBER :(_____) _____ _____

SECTION 2: NEW ENROLLMENT (Attach a voided check/deposit slip or copy of savings account statement)

ABA NUMBER
(9 digit number that appears on the bottom of your check or deposit slip just preceding your account #.)

ACCOUNT NUMBER

ACCOUNT TYPE

☐ SAVINGS ☐ CHECKING

SECTION 3: CHANGE OF: (CHECK ALL BOXES WHICH APPLY) ☐ BANK ☐ ACCOUNT NUMBER ☐ ACCOUNT TYPE
(Attach a voided check/deposit slip or copy of savings account statement & fill in the boxes below)

ABA NUMBER
(9 digit number that appears on the bottom of your check or deposit slip just preceding your account #.)

ACCOUNT NUMBER

ACCOUNT TYPE

☐ SAVINGS ☐ CHECKING

SECTION 4: EMPLOYEE AUTHORIZATION

I hereby authorize New York City Health + Hospitals to deposit my net pay directly into my checking or savings account shown above and initiate (if necessary) debit entries and adjustments for any credit entries made in error to this account. I agree that this service authorization will remain in effect until I provide a written request to terminate this service or when I terminate employment.

Signature:_____ Date:_____

SECTION 5: TERMINATIN OF SERVICE REQUEST

I hereby authorize New York City Health + Hospitals to terminate my payroll direct deposit authorization agreement as soon as administratively possible.

Signature:_____ Date:_____

FOR FACILITY PAYROLL DEPARTMENT USE ONLY

ENROLLMENT REJECTION:

NON-ELIGIBILITY ☐Pre-note reject- List reason-List reason below

☐Other- List reason below

Reason: _____
_____

ENTRY INFORMATION

ENTERED BY:_____ DATE:_____
Pre-note payroll: _____
Eff. Payroll:_____
Informed employee of rejection ☐
Name:_____ Date:_____