

# NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

## PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT

**INSTRUCTIONS:**

If you do not have a garnishment or wage assignment deducted from your wages and are otherwise eligible for direct deposit, complete this form as described below:

- 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.

<b>SECTION 1: EMPLOYEE INFORMATION</b>	
NAME:	
LAST	FIRST
FACILITY:	
EMPLOYEE ID NUMBER	WORK PHONE NUMBER
____/____/____	(____) ____-____

<b>SECTION 2: NEW ENROLLMENT</b> (Attach a voided check/deposit slip or copy of savings account statement)												
<b>ABA NUMBER</b> (9 digit number that appears on the bottom of your check or deposit slip just preceding your account #.)												
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<b>ACCOUNT NUMBER</b> <input style="width: 95%;" type="text"/>	<b>ACCOUNT TYPE</b> <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

<b>SECTION 3: CHANGE OF:</b> <input type="checkbox"/> BANK <input type="checkbox"/> ACCOUNT NUMBER <input type="checkbox"/> ACCOUNT TYPE													
(CHECK ALL BOXES WHICH APPLY) (Attach a voided check/deposit slip or copy of savings account statement & fill in the boxes below.)													
<b>ABA NUMBER</b> (9 digit number that appears on the bottom of your check or deposit slip just preceding your account #.)													
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<b>ACCOUNT NUMBER</b> <input style="width: 95%;" type="text"/>	<b>ACCOUNT TYPE</b> <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	

<b>SECTION 4: EMPLOYEE AUTHORIZATION</b>	
<p>I hereby authorize the New York City Health and Hospitals Corporation 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 a garnishment or wage assignment is placed on my wages, or when I terminate employment.</p>	
SIGNATURE: _____	DATE: _____

<b>SECTION 5: TERMINATION OF SERVICE REQUEST</b>	
<p>I hereby authorize the New York City Health and Hospitals Corporation to terminate my payroll direct deposit authorization agreement as soon as administratively possible.</p>	
SIGNATURE: _____	DATE: _____

<b>FOR FACILITY PAYROLL DEPARTMENT USE ONLY</b>	
<p><u>ENROLLMENT REJECTION:</u> <u>NON-ELIGIBILITY</u></p> <p><input type="checkbox"/> Garnishment            <input type="checkbox"/> Pre-note reject- List reason below</p> <p><input type="checkbox"/> Family Court Order    <input type="checkbox"/> Other – List reason below</p> <p>Reason: _____ _____</p>	<p><u>ENTRY INFORMATION:</u></p> <p>ENTERED BY: _____ DATE: _____</p> <p>Pre-note payroll ____/____/____ Eff. Payroll ____/____/____</p> <p>Informed employee of rejection <input type="checkbox"/></p> <p>Name: _____ Date: _____</p>