

County of Nassau
Office of the Comptroller
**Direct Deposit of Net Pay
Enrollment / Cancellation
Form**

Type of Action:

NEW
ENROLLMENT CANCELLATION

CHANGE OF: (Check All That Are Affected Below)

PERSON(S) NAMED ON THE ACCOUNT
ACCOUNT NUMBER
ACCOUNT TYPE
ABA* NUMBER

EMPLOYEE INSTRUCTIONS: COMPLETE THE EMPLOYEE INFORMATION, AND ENROLLMENT OR CANCELLATION SECTION.
DEPARTMENT PAYROLL SUPERVISOR: REVIEW EMPLOYEE'S INFORMATION, COMPLETE AREAS AS INDICATED.

EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Social Security Number
Address	City	State	Zip Code
Home Telephone #	Work Telephone #	County Department	

ENROLLMENT

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

1)	2)
----	----

ABA NUMBER*	ACCOUNT NUMBER**	ACCOUNT TYPE
2 2 1 4 7 6 7 0 1		<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

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

CHECK ONE ONLY

*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 AUTHORIZE THE COUNTY OF NASSAU 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 COUNTY OF NASSAU CAN ONLY REVERSE THE AMOUNT OF THE INCORRECT DIRECT DEPOSIT. I AGREE THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I PROVIDE MY AGENCY A WRITTEN REQUEST TO CANCEL THIS SERVICE.

SIGNATURE _____ DATE _____

CANCELLATION

*I REQUEST THE COUNTY OF NASSAU TO CANCEL MY DIRECT DEPOSIT AUTHORIZATION AGREEMENT.

SIGNATURE _____ DATE _____

PAYROLL SECTION (FOR PAYROLL USE ONLY)

DEPARTMENT PAYROLL SUPERVISOR

SIGNATURE _____ DATE _____ TELEPHONE # _____

NUHRS TRANSACTION # _____

COMPTROLLER'S PAYROLL UNIT REVIEW SIGNATURE	PRINT NAME	DATE
---	------------	------