

County of Nassau Office of the Comptroller Direct Deposit of Net Pay Enrollment / Cancellation Form	Type of Action:				
	NEW <input type="checkbox"/>	ENROLLMENT <input type="checkbox"/>	CANCELLATION <input type="checkbox"/>	CHANGE OF: <i>(Check All That Are Affected Below)</i>	
	PERSON(S) NAMED <input type="checkbox"/>	ACCOUNT <input type="checkbox"/>	ACCOUNT <input type="checkbox"/>	ABA* <input type="checkbox"/>	
	ON THE ACCOUNT	NUMBER	TYPE	NUMBER	

EMPLOYEE INSTRUCTIONS: COMPLETE THE EMPLOYEE INFORMATION, AND ENROLLMENT OR CANCELLATION SECTION

DEPARTMENT PAYROLL SUPERVISOR: REVIEW EMPLOYEE'S INFORMATION, COMPLETE AREA'S 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									
<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>											<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