

County of Nassau Office of the Comptroller Direct Deposit of Net Pay Enrollment / Cancellation Form	Type of Action: ☐ NEW ENROLLMENT ☐ CANCELLATION ☐ PERSON(S) NAMED ON THE ACCOUNT ☐ ACCOUNT NUMBER ☐ ACCOUNT TYPE ☐ ABA* NUMBER
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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)
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ABA NUMBER*	ACCOUNT NUMBER**	ACCOUNT TYPE
		☐ SAVINGS ☐ 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