

## Vendor/Client Direct Deposit Enrollment/Cancellation

[http://www.nyc.gov/html/acs/html/support\\_families/post\\_adoption.shtml](http://www.nyc.gov/html/acs/html/support_families/post_adoption.shtml)

Submit Completed Form To: The City of New York  
Children's Services  
P. O. Box 914  
Peck Slip Station  
New York, NY 10272-0914

**For Use By:**

- |   |   |
|---|---|
| <input type="checkbox"/> Adoption Subsidy | <input type="checkbox"/> Direct Foster Care |
| <input type="checkbox"/> Housing Subsidy  | <input type="checkbox"/> Adoption Attorney  |

**Type of Action**

Attach a voided check or most recent savings statement. Check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Change Of Name On Account | <input type="checkbox"/> Change Of Account Type |
| <input type="checkbox"/> Cancellation   | <input type="checkbox"/> Change Of Account Number  | <input type="checkbox"/> Change Of ABA Number   |

### VENDOR/CLIENT SECTION

**Vendor/Client Identification**

First	M.I.	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vendor/Client Number	Tax ID/SSN (Landlord Only)	Daytime Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

**Enrollment** (Person(s) named on the account must include vendor/client – exception may apply to landlord)

Person(s) Named On Account (**Print Exactly** – Include trustee or joint owner)

Person 1

Person 2

ABA Number*	Account Number**	Account Type (Check Only One)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

\*ABA Bank Number: **Checking Accounts** – The ABA Number is the first nine (9) numbers prior to the account number at the bottom left corner of the check. **Savings Accounts** – Contact Your Bank For ABA Number, If Not Known.

\*\*Account Number: See check, passbook or account statement for account number.

**Vendor/Client Authorization**

I hereby authorize NYC/ACS to deposit my payment 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, NYC/ACS can reverse only the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide NYC/ACS a written cancellation to terminate the service.

Vendor/Client Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE

**Cancellation**

I Hereby Authorize NYC/ACS To Cancel My Direct Deposit Agreement.

Vendor/Client Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE

### AGENCY USE ONLY

Data Entry:	/	/	/
	PRINT	SIGN	DATE
Supervisor:	/	/	/
	PRINT	SIGN	DATE