

NYCAPS AGENCIES ONLY

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

SUBMIT COMPLETED FORM TO:
Your Agency's College Savings Coordinator

New York's 529 College Savings Program

www.NYC.gov/payroll

INSTRUCTIONS:

Please note that you must present a copy of New York's 529 College Savings program direct plan payroll deduction confirmation letter. This letter is to be used by all City of New York employees who elect to contribute to New York's 529 College Savings program through payroll deductions.

DEDUCTION ACTION (Check one only)	<input type="checkbox"/> NEW DEDUCTION PLAN (To Initiate the Deduction)	<input type="checkbox"/> CHANGE PAYROLL DEDUCTION AMOUNT (To Increase or Decrease Amount Currently Being Deducted)	STOP PAYROLL DEDUCTION
			<input type="checkbox"/> TERMINATE PROGRAM DEDUCTION ENROLLMENT

EMPLOYEE IDENTIFICATION	FIRST NAME	M.I.	LAST NAME
	<input type="text"/> <input type="text"/> <input type="text"/> <p align="center"><small>(PRINT YOUR NAME CLEARLY AND EXACTLY AS IT APPEARS ON YOUR PAYCHECK)</small></p>		
	EMPLOYEE REFERENCE NUMBER <input type="text"/>		

COLLEGE SAVINGS ABA NUMBER:	<input type="text" value="011001234"/>	ENTER AMOUNT TO BE DEDUCTED PER PAY PERIOD	\$ <input type="text"/> . <input type="text"/>
COLLEGE SAVINGS ACCOUNT NUMBER:	<input type="text" value="531"/>	A \$15.00 MINIMUM DEDUCTION PER PAY PERIOD, PER INVESTMENT OPTION, PER BENEFICIARY IS REQUIRED.	

EMPLOYEE AUTHORIZATION

I hereby authorize The City of New York to deposit my payroll deduction as indicated above into my college 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 City of New York can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I submit a new request for a change or cancellation.

EMPLOYEE SIGNATURE _____ DATE _____

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DEDUCTION AMOUNT \$.

I HAVE REVIEWED THE SUPPORTING DOCUMENTATION AND VERIFIED:

- THE EMPLOYEE SUBMITTED A NEW YORK 529 COLLEGE SAVINGS PAYROLL DEDUCTION CONFIRMATION LETTER
- AND**
- THE ACCOUNT NAME AND ACCOUNT NUMBER MATCH THE ABOVE FORM

TRANSACTION AUTHORIZATION		MANAGER/ SUPERVISOR	I CERTIFY THAT THE ABOVE DATA WAS ENTERED	
DATA ENTERED BY	TELEPHONE NUMBER		NAME	
SIGNATURE	DATE	SIGNATURE	DATE	