

DIRECT DEPOSIT AUTHORIZATION

To initiate Direct Deposit for your Town of East Hartford payroll check, return this completed form to the Finance Department. Please print clearly.

Do **NOT** return the form to your Bank.

Employee Name: _____

Department: _____ Employee Number: _____

Please deposit my net payroll check to my (check one)

_____ Checking _____ Savings

Account Number _____

Name of Bank or Financial Institution _____

Bank Location (City and State) _____

ABA/Routing Number (leave blank if you do not know) _____

*** You must enclose a voided check from your account (with the bank micr-coding on it) with this form for checking accounts. (For savings accounts, please contact your bank for the exact ABA and account number information and submit that information to us.) This will be used to verify the correct ABA and account number information to set up your direct deposit.

I authorize the Town of East Hartford to deposit the payment described above to my account at the financial institution named above. The Town is authorized to adjust any over-deposit which is caused to be made to my account through the direct deposit program. I understand that any errors made by my financial institution in crediting deposits properly transferred by the Town will be my responsibility to resolve.

In addition, I am authorizing my weekly payroll direct deposit advice to be sent to me at my Town of East Hartford email address. _____ Check Here to Confirm Authorization *

Signature

Date

* Employees without a Town email address can provide a private email address. Employees who use a private email address are responsible for notifying the Payroll Department of email address changes.

_____ I would like my payroll direct deposit advice to be emailed to me at my private email address.

Private email address (print clearly)