



Town of East Hartford
Office of Human Resources
740 Main Street, East Hartford
860.291.7220

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 Account ____ Saving Account

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 submit a **VOIDED check or a DIRECT DEPOSIT LETTER** with this form for checking accounts. (For savings accounts, please contact your bank for the exact ABA and account number information. This will be used to verify the correct ABA and account number information to set up one's 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 authorized to adjust any over-deposit which is caused to be made to my account through 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***

Employee Signature

Print Name

Date

Employee who wish to use a private email address are responsible for notifying the Payroll Department of any email address changes. ____ I would like my payroll direct deposit advice to be mailed to my private email address.

Email Address: _____ *Please Write Clearly*