

**TOWN OF MANCHESTER, CONNECTICUT
Direct Deposit Authorization Form**

Name: _____ Social Security Number: _____

Do you presently have direct deposit? Yes _____ No _____

If you have direct deposit presently, is this a change or addition to how it is presently set up?
Change _____ Addition _____

Name of First Financial Institution _____

Financial Institute's Mailing Address _____

Town _____ State _____ Zip Code _____

Type of Account Checking _____ Savings _____

Routing Number _____

Account Number _____

Amount of Deposit \$ _____ (specify amount or put "NET" meaning the entire amount)

Name of Second Financial Institution _____

Financial Institute's Mailing Address _____

Town _____ State _____ Zip Code _____

Type of Account Checking _____ Savings _____

Routing Number _____

Account Number _____

Amount of Deposit \$ _____ (specify amount or put "NET" meaning the remaining amount after deducting amount going to the First Financial Institute)

Attach one of the following to verify routing/account number (required for all new accounts):

_____ ***voided check***

_____ ***bank letter confirming routing and account number***

_____ ***top portion of a bank statement including account number***

_____ I elect to receive my direct deposit advice through email in lieu of a paper copy.

_____ Send to my Town of Manchester email address (if applicable)

_____ Send to my personal email address _____

***Direct deposit advices are sent to your email account as a password protected PDF document.
Use the last 4 digits of your social security number as your password to open the document.***

I hereby authorize the direct deposit of all or the designated portion of my net pay in the financial institution(s) indicated above. Such direct deposit shall be made on each payday unless I choose to terminate this agreement in writing. Any such notification shall become effective following receipt, after a reasonable opportunity to act upon it.

In the event that funds are deposited erroneously into my account, I authorize the Town of Manchester to debit my account for an amount not to exceed the original amount of the credit.

Employee Signature

Date

Return form to Payroll Department, Lincoln Center, 494 Main Street, Room 107