

**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 \_\_\_\_\_

**Attach a voided check(s) or the top of the savings statement for each account chosen. If banking is done electronically and a check is not available, list the bank routing number(s) below.**

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Name of First Financial Institution \_\_\_\_\_

Financial Institute's Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Account    Checking \_\_\_\_\_    Savings \_\_\_\_\_

Account Number \_\_\_\_\_

Routing 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 \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

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

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\_\_\_\_ 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.

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Employee Signature

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Date