

Printed Name \_\_\_\_\_



## DIRECT DEPOSIT AUTHORIZATION

This form must be completed for Direct Deposit.

You must:

- A. Already have the (checking or savings) account set up at your bank.
- B. Find out if the bank accepts direct deposits. Verify the bank's transit number and your account number (including dashes).
- C. Notify the bank that you are going to set up direct deposit through payroll. Make sure there isn't anything special you need to do as far as your bank is concerned.

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Please check the appropriate box:

- ☐ A new account (complete A through F below).
- ☐ Canceling account (complete item C below). Do not close an account unless you cancel it through payroll first.
- ☐ Direct deposit already set up; changing \$ amount only (complete C through F below).
- ☐ A new account to replace a direct deposit already set up (complete A through F below).

Old account number (account being replaced). \_\_\_\_\_

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	Account # 1	Account # 2	Account # 3
A. Bank Name	_____	_____	_____
B. Bank Transit/Routing#:	_____	_____	_____
C. Bank Account #:	_____	_____	_____
	1. Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>
D. Full Deposit of net pay	<input type="checkbox"/>		
E. Fixed amount per pay	\$ _____	\$ _____	\$ _____

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- I authorize the Town of Suffield and the bank listed above to deposit my net pay or fixed amount thereof as indicated above into my account each pay day.
- If funds to which I am not entitled are deposited into my account, I authorize the Town of Suffield to direct the bank to return said funds.
- I understand that my deposit will be credited on the pay date indicated on the check voucher (anticipating no unforeseen delay in the electronic transfer process).
- I understand that it is my responsibility to ensure that my wages are deposited correctly into my account each pay day.
- I authorize the town to send my direct deposit advice to my email \_\_\_\_\_. It is sent password protected.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature      Date

Please return this form to the Payroll Department.

It will take about two to three weeks to verify and test the account number information, as required by the FDIC.