

CITY OF MIDDLETOWN, CONNECICUT
AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

I hereby authorize the direct deposit of my NET PAY by my EMPLOYER in the account and financial institution indicated, hereinafter call the DEPOSITORY. Such direct deposit will be made on each Thursday. For weeks with bank holidays, deposits will be made on Friday of that week.

I request that my NET PAY be deposited at:

DEPOSITORY: _____

Name of Financial Institution	Branch	Branch Telephone Number	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____
Routing Transit Number/ABA Number	Deposit to Account Number	Checking _____	Savings _____
_____	_____	check one only	

This authority is to remain in full force and effect until my EMPLOYER, the city of Middletown, Connecticut, has received written notification from me of its termination, in such time, and in such manner, as to afford my EMPLOYER and DEPOSITORY a reasonable opportunity to act upon it. Initial enrollments and changes will require fourteen (14) days minimum advance notice.

In the event that my EMPLOYER deposits (credits) my account erroneously, I authorize my EMPLOYER to withdraw (debit) funds from my account in an amount not to exceed the original deposit, and to re-deposit the CORRECTED NET PAY.

_____	_____	_____
Name	Employee Number	Social Security Number
_____	_____	_____
Department	Signature	Date
_____	_____	_____

A voided check or savings account deposit slip must be attached to this form or presented for verification which agrees with the Routing Transit/ABA Number.

_____	_____	For Payroll Use Only Pay Period:
Reviewed By	Date	