



**Finance Department
Payroll Division
245 deKoven Drive
Middletown, CT 06457**

City of Middletown, Connecticut

Authorization Agreement for Payroll Direct Deposit

I request that my net pay be deposited at:

Name of Financial Institution

I hereby authorize the direct deposit of my net pay by my employer in the account and financial institution indicated on the right. Such direct deposit will be made each Thursday.

City, State and Zip Code

I assume the responsibility for verification of my payroll deposit amounts. If I choose to terminate my direct deposit, I will supply written notification to the Payroll Department.

*****PLEASE NOTE: CHANGING AN ACCOUNT NUMBER OR TO A DIFFERENT FINANCIAL INSTITUTION WILL TAKE EFFECT IMMEDIATELY*****

Any such notification to my employer will become effective following receipt.

Select only **ONE** Account

Checking _____ Savings _____

If my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

Bank Routing # _____

Account # _____

Name (**Please Print**) _____

Social Security# _____

Employee Signature _____

Employee # (from your paystub) _____

Date _____

Department _____

***Note: A voided check or photocopy of a voided check that has your name printed on it or a form from your Financial Institution, signed by a representative, stating your name, social security number and the routing and account numbers must be attached to this form to assure that the correct information is entered properly into the payroll system. Please sign above and return to the Payroll Office.**