



Finance Department  
 Payroll Division  
 245 deKoven Drive  
 Middletown, CT 06457

**City of Middletown, Connecticut**

**Authorization Agreement for Pension Direct Deposit**

I request that my Pension Check be deposited at: \_\_\_\_\_  
 Name of Financial Institution

\_\_\_\_\_  
 City, State and Zip Code

I hereby authorize the direct deposit of my net Pension Check by the City of Middletown in the account and financial institution Indicated. Such direct deposit will be made on the 26<sup>th</sup> of the month or next business day thereafter.

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

**\*\*\*IF YOUR FINANCIAL INSTITUTION IS BEING CHANGED, FORMS NOT SUBMITTED IN PERSON MUST INCLUDE YOUR PERSONAL EMAIL ADDRESS FOR CONFIRMATION\*\***

**EMAIL ADDRESS** \_\_\_\_\_

Any such notification to my employer will become effective following receipt, after a reasonable opportunity to act on it.

Select only **ONE** Account

Checking \_\_\_\_\_ Savings \_\_\_\_\_

In the event that the City deposits funds erroneously into my account, I authorize the City to debit funds from my account in an amount not to exceed the original deposit and to re-deposit the "Corrected Pension Check".

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Name (**Please Print**) \_\_\_\_\_

Social Security# \_\_\_\_\_

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

\_\_\_\_\_  
 Date

\*Note: A voided check or photocopy of a voided check or a statement from your Financial Institution 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.