



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.

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

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 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.