

Request For Direct Deposit

I authorize my employer **City of Stamford** **Stamford Board of Education**,

to automatically deposit my pay to my ^{Check One} **Checking** or **Savings** account at

_____, and to make adjustment entries,

Name of Financial Institution

if necessary, only under the conditions on the bottom of this form.

Employee

Name _____

Please Print

Employee

Number _____

ID Number

Direct Deposit Authorization Agreement

I authorize and request my employer to automatically deposit any amounts owing to me to my account at my Depository Financial Institution listed above on this form.

I understand that this agreement may be terminated by my employer or me at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize my employer to debit my account only for the purpose of correcting an erroneous credit previously initiated to my account.

Note:

Once the Payroll Department receives your request, it may take two payroll processing periods before direct deposit will start. During the first payroll processing, a test is run to ensure that the transit routing number and account numbers are valid.

To have your payroll check deposited into a **savings account**, the Payroll Department will need a memo or form from your bank with your routing number and savings account number.

If you are requesting a bank or account number change, a test is run to ensure that the new information is valid. You will receive a **pay check** during this test.

Please always review your pay stub. If for some reason direct deposit does not process, you will receive a check.

I have read and understood this form _____ / ____ / ____

Signature

Date

Attach a voided check and return it to the Payroll Dept.