

## DIRECT DEPOSIT AND PAYROLL ELECTION AUTHORIZATION

NAME \_\_\_\_\_ Soc. Sec. # XXX-XX-\_\_\_\_\_  
 (please print clearly) LAST, FIRST, MI Employee ID # \_\_\_\_\_ ACTIVE \_\_\_\_\_ General Gov. \_\_\_\_\_  
 RETIREE \_\_\_\_\_ WTA/SAW \_\_\_\_\_

**PLEASE ATTACH A VOIDED BLANK CHECK** (For Savings accounts: a note from bank w/account # and ABA Routing #)



Routing Number (always 9 digits)      Account Number (may vary in length)

We cannot accept starter checks or deposit slips

Transaction	Account Type	Financial Institution Name	ABA or Transit #	Account #	Partial \$ Amount	Net Balance Option
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings					<input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings					<input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings					<input type="checkbox"/>

### ACKNOWLEDGEMENT

I authorize the City of Waterbury to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my accounts indicated on this form. I acknowledge that when I add an account or make changes to an existing net balance account, there is a prenote period and I will be issued an actual check until the new account number has been verified.

This authority is to remain in full force and effect until the City of Waterbury has received written notification from me on its termination in such time and in such manner as to afford the City of Waterbury a reasonable time to act on it. This form will be used for such purpose.

It is your responsibility to contact your Human Resource or Pension Office for any address and phone # changes.

Email Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COPY FOR YOUR RECORDS AND SUBMIT THE ORIGINAL TO PAYROLL DEPARTMENT