

Employee Direct Deposit Authorization Form Cromwell Public Schools

Print Full Name: _____

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

Employee Signature: _____ **Date:** _____

Please note that, due to timing differences, new or changed direct deposits may receive one check after this form has been submitted to payroll. Please do not close your account(s) without giving the payroll office two week's prior notice.

(You are not legally required to furnish the above information. This information is required if you wish to participate in the Direct Deposit Program.)

Account information should be completed by your Bank or Financial Institution for new/additional accounts when directing funds into a Savings Account. Deposit slips CAN NOT be used.

Print Name of Financial Representative: _____ **Phone:** _____

Signature of Financial Representative: _____ **Date:** _____

Voided Check Must Be Attached for Processing	Above Section Must Be Completed for Processing
Checking Account Information	Savings Account Information
<p>Deposit My Net Pay into my Checking Account -> <input type="checkbox"/></p> <p>Bank Name <input style="width: 100%;" type="text"/></p> <p>Routing # <input style="width: 100%;" type="text"/></p> <p>Account # <input style="width: 100%;" type="text"/></p>	<p>Deposit My Net Pay into my Savings Account -> <input type="checkbox"/></p> <p>Bank Name <input style="width: 100%;" type="text"/></p> <p>Routing # <input style="width: 100%;" type="text"/></p> <p>Account # <input style="width: 100%;" type="text"/></p>
<p>Deposit Fixed Amount into my Checking Acct -> <input type="checkbox"/></p> <p style="text-align: center;">\$ _____</p> <p>Bank Name <input style="width: 100%;" type="text"/></p> <p>Routing # <input style="width: 100%;" type="text"/></p> <p>Account # <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> NEW <input type="checkbox"/> Change <input type="checkbox"/> Cancel</p>	<p>Deposit Fixed Amount into my Savings Acct -> <input type="checkbox"/></p> <p style="text-align: center;">\$ _____</p> <p>Bank Name <input style="width: 100%;" type="text"/></p> <p>Routing # <input style="width: 100%;" type="text"/></p> <p>Account # <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> NEW <input type="checkbox"/> Change <input type="checkbox"/> Cancel</p>

Please email my Direct Deposit Paystub to: _____

(Please provide your Email address here)

*****SUBSTITUTE EMPLOYEES MAY ONLY ELECT TO HAVE THEIR FULL NET PAY DEPOSITED INTO EITHER A CHECKING OR SAVINGS ACCOUNT*****