

GRANBY PUBLIC SCHOOLS
 15B NORTH GRANBY ROAD
 GRANBY, CT 06036

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the Town of Granby, Board of Education to initiate payroll credit entries and to, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITOR, to credit and/or debit the same to such account.

(Please print one character in each box – abbreviate if necessary)

1. PARTICIPANT NAME

FIRST	LAST

2. SOCIAL SECURITY NUMBER

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3. PARTICIPANT HOME ADDRESS

STREET ADDRESS (INCLUDE NUMBER AND/OR APARTMENT)
CITY, STATE, ZIP CODE

4. FINANCIAL INSTITUTION NAME AND ADDRESS

NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

5. ACCOUNT NUMBER

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6. ACCOUNT TYPE

CHECKING SAVINGS

7. BANK ROUTING NUMBER (Contact your bank for this number)

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Amount to be Deposited: \$ _____

Please note:

- Your paycheck will not automatically be deposited in the bank specified until a pre-note payroll (test run) has successfully been completed. You will receive a negotiable (live) paycheck during the time the pre-note runs.
- Direct Deposit may be made to either banks or credit unions, and the institution does not have to be located in Connecticut.
- You will still receive a check stub with your income and deductions listed.
- If you would like your money split between 2 or more accounts, please complete one form for each account. Remember to indicate how much you would like deposited per account.

I understand that you will verify the information provided above, and in the absence of a discrepancy or other unusual circumstance, will begin the direct deposit of my paycheck within 30 days of your receipt of this form. The authority granted by me on this form is to remain in full force and effect until you have received written notification of the termination in such time and such manner as to afford you and my Financial Institution a reasonable opportunity to act on it.

I hereby discharge you from all liability whatsoever for any actions taken by you in accordance with the above request and authorization.

8. PARTICIPANT SIGNATURE _____ DATE _____

