## **REQUEST FOR DIRECT DEPOSIT - SEASONAL EMPLOYEES**

For ch	e the Town of Glastonbury to de Include ALL active depondence of the counts attack of the count of the cou	osits, even if there is not	no change! ** COPY of a check. It numbers It legible!
Financial Institution	Account #	Acct Type	Amount Percent
	Routing #	Savings  Checking	
le.			
Financial Institution	Account #	Acct Type Savings	Amount Percent
	Routing #	Checking	
		_	
Financial Institution	Account #	Acct Type Savings	Amount Percent
	Routing #		
		Checking	
	DIRECT DEPOSIT AUTHORIZATION OF THE POSIT AUTHOR		o my account at the
	reement may be modified by me or account. Any such notice requ		
	debit my account only for the pur t provided that, prior to the debit,		
Rather than receive a p	printed payroll advice stub, I w if not desired.) email:	ould like to have a copy e	
Signature		Date	
	re-noted" to the bank to verify s may also occur when you ch		

PLEASE RETURN FORM TO ORIGINATING DEPT