REQUEST FOR DIRECT DEPOSIT-SEASONAL EMPLOYEES

MUNIS EMPLOYEE NUMBER:	EMPLOYEE NAME:			
DEPARTMENT:				
I authorize the Town of Glas	tonbury to deposit funds to th	ne following bank(s) / a	account(s):	
** Include AL	L active deposits, even if ther	e is no change! **		
For checking accour	nts please attach a voided che	eck or a COPY of a ch	eck	
with acc	count number and transit rout please contact your bank for	ing number.		
roi savings accounts,	piease contact your bank for	the transit routing hu	mber.	
Financial Institution	Account#	Acct Type	Amount	Percent
		Savings		
	Routing #	Checking		
- - - inancial Institution	Account#	Acct Type	Amount	Percent
	I	Savings		T Green
	Routing #	<u> </u>		
		Checking		_
Financial Institution	Account#	Acct Type	Amount	Percent
	Routing #	Savings		
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Financial Institution	Account#	Acct Type	Amount	Percent
		Savings		_ 🗆
	Routing #	Checking		
Financial Institution	Account#	Acct Type	Amount	Percent
1]	Savings		
	Routing #	<u> </u>		
		Checking		
NIR	FCT DEPOSIT AUTHORIZATION	ON AGREEMENT	7	