

REQUEST FOR DIRECT DEPOSIT

MUNIS EMPLOYEE #:
 DEPT:

EMPLOYEE NAME:

I authorize the Town of Glastonbury to deposit funds to the following bank(s) / account(s):

**** Include ALL active deposits, even if there is no change! ****

For checking accounts -- attach a voided check or a COPY of a check.

If you have no checks BE SURE account & transit routing numbers are accurate and legible!

For savings accounts, contact your bank for the transit routing number.

Financial Institution	Account #	Acct Type	Amount	Percent
		<input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>
	Routing #	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/>

Financial Institution	Account #	Acct Type	Amount	Percent
		<input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>
	Routing #	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/>

Financial Institution	Account #	Acct Type	Amount	Percent
		<input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>
	Routing #	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/>

Financial Institution	Account #	Acct Type	Amount	Percent
		<input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>
	Routing #	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/>

Financial Institution	Account #	Acct Type	Amount	Percent
		<input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>
	Routing #	<input type="checkbox"/> Checking	<input type="text"/>	<input type="text"/>

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I authorize the Town of Glastonbury to automatically deposit any funds owed to me to my account at the Depository Financial Institution(s) named above.

I understand that this agreement may be modified by me or by the Town at any time, by written notification. Any such notice requires a reasonable time to act upon it.

I authorize the Town to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, I am notified of the reason for the debit.

Rather than receive a printed payroll advice stub, I would like to have a copy emailed to me at (Optional - leave blank if not desired.)

email: _____

Signature _____

Date _____

Direct deposits are "pre-noted" to the bank to verify data. Therefore you will receive a paper check for one pay cycle. This may also occur when you change bank or account information.

PLEASE RETURN FORM TO PAYROLL DEPT