

TOWN OF MANCHESTER, CONNECTICUT
Direct Deposit Authorization Form For RETIREES

Name: _____ Social Security Number: _____
New _____ Change _____ Addition _____

Attach a voided check(s) or the top of the savings statement for each account chosen. If banking is done electronically and a check is not available, list the bank routing number(s) below.

Name of First Financial Institution _____
Financial Institute's Mailing Address _____
Town _____ State _____ Zip Code _____
Type of Account Checking _____ Savings _____
Account Number _____
Routing Number _____
Amount of Deposit \$ _____ (specify amount or put "NET" meaning the entire amount)

Name of Second Financial Institution _____
Financial Institute's Mailing Address _____
Town _____ State _____ Zip Code _____
Type of Account Checking _____ Savings _____
Account Number _____
Routing Number _____
Amount of Deposit \$ _____ (specify amount or put "NET" meaning the remaining amount after deducting amount going to the First Financial Institute)

Your direct deposit advice will be sent to your personal email account as a secure password protected PDF document. Use the last 4 digits of your social security number as your password to open the document.

***Email address** _____

I hereby authorize the direct deposit of all or the designated portion of my net pay in the financial institution(s) indicated above. Such direct deposit shall be made on each payday unless I choose to terminate this agreement in writing. Any such notification shall become effective following receipt, after a reasonable opportunity to act upon it.

In the event that funds are deposited erroneously into my account, I authorize the Town of Manchester to debit my account for an amount not to exceed the original amount of the credit.

Employee Signature

Date