

# Request For Direct Deposit

I authorize my employer  **City Of Stamford**  **Stamford Board Of Education** ,  
to automatically deposit my pay to my  **Checking** or  **Savings** account at  
\_\_\_\_\_, and to make adjustment entries,  
Financial Institution  
if necessary, only under the conditions on the bottom of this form.

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_  
Please Print

## Direct Deposit Authorization Agreement

I authorize and request my employer to automatically deposit any amounts owing to me to my account at my Depository Financial Institution listed above on this form.

I understand that this agreement may be terminated by me or my employer at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize my employer to debit my account only for the purpose of correcting an erroneous credit previously initiated to my account.

### *Note:*

Once the payroll department receives your request, it may take two payroll processing periods before direct deposit will start. During the first payroll processing, a test is run to ensure that the transit routing number and account numbers are valid.

If you are requesting a bank or account number change, a test is run to ensure that the new information is valid. You will receive a **Pay Check** during this test.

**Please always review your pay stub. If for some reason direct deposit does not process, you will receive a check.**

I have read and understood this form \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Signature Date

For Payroll Dept. Use	
Routing Number _____	Account Number _____

**Attach a voided check and return it to the payroll dept.**