



CITY OF NEW HAVEN

DIRECT DEPOSIT OF PAYROLL EMPLOYEE AUTHORIZATION AGREEMENT

I hereby authorize the CITY OF NEW HAVEN, to forward payment of my entire payroll net earnings to my designated account at the indicated depository each pay day, and I hereby authorize said depository to accept such credit entries forwarded by direct deposit to such account. It is understood that the CITY OF NEW HAVEN has the legal authority to initiate a reversal of any direct deposit transaction in the event of an error in calculation or overpayment, or any occurrence which renders my direct deposit transaction invalid, without my prior approval.

It is further understood that this authorization is to remain in full force until the CITY has received written authorization from me (or either of us) in proper required form, of its termination in such time and manner as to afford the CITY and my designated depository a reasonable opportunity to effect such change.

I can select **EITHER** CHECKING OR SAVINGS for my direct deposit, but **NOT BOTH**

Thank you for using the safe and convenient direct deposit choice.

EMPLOYEE NAME (PRINT): _____

DEPOSITORY (BANK) NAME: _____

Routing Number	
Account Number	
Employee Soc. Sec.	- -

You can select **either** checking or savings, but **not both**

Please indicate "X" for requested direct deposit type below

Checking	()	Savings	()
----------	-----	---------	-----

I authorize TERMINATION of my direct deposit participation	()
--	-----

Employee signature: _____ Date: _____

You must staple a "voided" check (for checking account deposit) or a copy of your bank statement (for savings account deposit) to this agreement. Deposit slips are not acceptable. Direct deposit will not be processed if the required document is not provided. Feel free to block out information you consider confidential or sensitive in nature.