

TOWN OF FAIRFIELD
Employee Direct Deposit

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDIT)

I hereby authorize the Town of Fairfield to initiate credit to the bank account(s) listed below.

(A COPY OF A CHECK MUST BE ATTACHED FOR A CHECKING ACCOUNT OR DEPOSIT TICKET FOR A SAVINGS ACCOUNT OR A DIRECT DEPOSIT AUTHORIZATION FORM FOR EITHER FROM YOUR BANK OR CREDIT UNION.)

BANK #1

Full NET Amount (unless amount deposited to bank #2 also) **to be deposited to:**

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA/ROUTING NO. _____

ACCOUNT NO. _____ checking/savings (circle one)

BANK #2 optional

You can enter a set amount each pay period in a separate account.

Bank #2 Amount to be deposited each pay period is \$ _____

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA/ROUTING NO. _____

ACCOUNT NO. _____ checking/savings (circle one)

A secure email of the direct deposit advise in PDF form will be delivered to you. This eliminates the need of giving you the document each pay period (if applicable). Please enter your email below and when you receive the direct deposit notification email, just enter the last 4 digits of your social security number to open it.

EMAIL Address

This authority remains in effect until the Town of Fairfield's Human Resources Department has received written notification from me of its termination in such time and in such manner as to afford the Town of Fairfield and bank(s) a reasonable opportunity to act.

Department _____ **Date** _____

Employee Signature _____

Print Employee Name _____

For Town Use only

Entered by _____ Date _____