



TOWN OF ROCKY HILL
761 Old Main Street, Rocky Hill, CT 06067
AUTHORIZATION FOR DIRECT DEPOSIT
(Rev. 10/22/2021)

Requests for Direct Deposit may take up to two (2) pay periods before becoming effective. Until then, a paper check will be printed for you.

EMPLOYEE'S AUTHORIZATION

NAME: Town of Rocky Hill Town ID #: 06-6002076

I hereby authorize the Town of Rocky Hill, hereinafter called the "Town" to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my () **Checking** () **Savings** account (select one) indicated below at the depository financial institutions named below, hereinafter called "Depository", and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

DEPOSITORY

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

DEPOSIT AMOUNT

() Entire Check () % of Net _____ () Flat Amount per Check \$ _____

This authorization is to remain in full force and effect until the Town has received written notification from me of its termination in such time and in such manner as to afford the Town and Depository a reasonable opportunity to act on it.

EMPLOYEE NAME: _____ EMPLOYEE # _____
(PLEASE PRINT)

SIGNATURE: _____ DATE: _____

STAPLE VOIDED CHECK HERE (REQUIRED)

You must attach a voided check to ensure timely and proper processing of this request.

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS