

TOWN OF SOUTHTON
DIRECT DEPOSIT REQUEST FORM

Employee Name: _____ Employee. # _____

Department: _____

ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS

1ST DIRECT DEPOSIT	
Bank Name: _____	
ABA# _____ (routing number <u>must</u> be nine digits)	
Account #: _____ Checking [] Savings []	
Amount of Deposit \$ _____	

2 ND DIRECT DEPOSIT	
Bank Name: _____	
ABA# _____ (routing number <u>must</u> be nine digits)	
Account #: _____ Checking [] Savings []	
Amount of Deposit \$ _____	

3RD DIRECT DEPOSIT	
Bank Name: _____	
ABA# _____ (routing number <u>must</u> be nine digits)	
Account #: _____ Checking [] Savings []	
Amount of Deposit \$ _____	

NET CHECK (4TH DIRECT DEPOSIT)	
Bank Name: _____	
ABA# _____ (routing number <u>must</u> be nine digits)	
Account #: _____ Checking [] Savings []	

I hereby authorize the Town of Southington to electronically deposit my net pay to the bank account(s) specified above.

Signature: _____ Date: _____

PLEASE BE ADVISED, it will take at least two pay periods before this Direct Deposit becomes effective. Should you have any questions, please contact the Finance Department at ext. 6227 or call 860-276-6227.

***** IMPORTANT INFORMATION *****

DO NOT Close, cancel or change your existing bank accounts without notifying the Finance Department & completing a new EFT form.