

Employee Direct Deposit Enrollment Form

Please fill out this form and return to the First Selectman's Office. If you need to change an account that already has direct deposit, please list the old account information and check the "Delete" box. Then provide the new account information on the following line and check the "Add" box.

Please read and sign before completing and submitting.

I hereby authorize Paylocity to deposit any amounts owed to me, as instructed by The Town of East Windsor, by initiating credit entries to my account at the financial institution ("Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by Paylocity to my account. In the event that Paylocity deposits funds erroneously into my account, I authorize Paylocity to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Paylocity and the Bank have received written notice from me of its termination in such time and in such manner as to afford Paylocity and the Bank reasonable opportunity to act on it.

Printed Employee Name: _____

Employee Signature: _____ Date: _____

Account Information

1. Bank Name: _____

Routing #: _____ Account #: _____

☐ Checking ☐ Savings ☐ Other ☐ Add Account or ☐ Delete Account

I wish to deposit \$_____ or ☐ Entire Net Amount

2. Bank Name: _____

Routing #: _____ Account #: _____

☐ Checking ☐ Savings ☐ Other ☐ Add Account or ☐ Delete Account

I wish to deposit \$_____ or ☐ Entire Net Amount

3. Bank Name: _____

Routing #: _____ Account #: _____

☐ Checking ☐ Savings ☐ Other ☐ Add Account or ☐ Delete Account

I wish to deposit \$_____ or ☐ Entire Net Amount

*The routing number is the first 9 digits on the bottom left of your check. Your account number is the digit sequence that follows. Do not include the last set of numbers, located on the bottom right, as that is your check number.