

CITY OF NORWALK, CT

DIRECT DEPOSIT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDIT)

COMPANY NAME CITY OF NORWALK

I hereby authorize the CITY OF NORWALK to initiate credit entries to my **CHECKING** **SAVINGS** account (circle one) indicated below and the depository named below, herein after called **DEPOSITORY**, to credit same to such account.

BANK NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
TRANSIT / ABA NO. _____ ACCOUNT NO. _____

A secure email of the direct deposit advice in PDF format can be delivered to you as the payroll is run. This will eliminate the need of giving you the document each pay period (if applicable). Just enter your email below and when you receive the email the last 4 digits of your social security number will open it up. You will then know that the payroll has been run.

EMAIL address _____

This authority is to remain in full force and effect until the City of Norwalk Payroll Department has received written notification from me of its termination in such time and in such manner as to afford the City of Norwalk and bank a reasonable opportunity to act.

NAME(S) _____ SOCIAL SECURITY NO. _____
On Account

(PLEASE PRINT)

DEPARTMENT _____

DATE _____ EMPLOYEE SIGNS HERE _____

For City use only

Entered by:

Date

Rev 11/2008

Attach a copy of a VOIDED check and forward to payroll.