



- New Hire / Enrollment** (*Note: Pre-notification takes 5 business days once received in Payroll*)
- Change**
- Cancel** (change in banks only – attach new enrollment form for new bank). *Note: cancel occurs immediately. Next pay will be **actual** check until new enrollment takes effect.*

## Authorization Form for Direct Deposit

### Documentation required for Direct Deposit

**Checking Account:** Blank, voided check with employee name preprinted on check, monthly statement or letter from bank that includes bank name, employee name, account number and ABA/Routing number.

**Savings Account:** Monthly statement, copy of passbook or letter from bank that includes bank name, employee name, account number and ABA/Routing number.

Documentation is required for changes (with the exception of dollar amount to existing direct deposit accounts).

For Hartford Federal Credit Union, you must contact them directly.

### I request that my partial or net pay be deposited at:

Hartford Federal Credit Union  
Name of Financial Institution (Please print)

\_\_\_\_\_  
Employee Name (Please print)

964 Asylum Avenue  
Address of Financial Institution

\_\_\_\_\_  
Employee Number

Hartford , CT 06105  
City                      State                      Zip

\_\_\_\_\_  
Dept. Number                      Dept. Name

2119 77 524  
American Banking Assoc. / Routing Number

\_\_\_\_\_  
Daytime Phone

Deposit to	Account Number	Dollar Amt.	Deposit to	Account Number	Dollar Amt.
<input type="checkbox"/> Checking	_____	\$ _____	<input type="checkbox"/> Savings	_____	\$ _____
<input type="checkbox"/> Checking	_____	\$ _____	<input type="checkbox"/> Savings	_____	\$ _____

### Authorization Agreement for Direct Deposit

I hereby authorize the direct deposit of my partial or net pay by my employer in the account(s) to the financial institution(s) as indicated on this form. Such direct deposit will be made on each succeeding payday unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date