

City of Meriden Board of Education Direct Deposit Form

Authorization Agreement for Payroll Direct Deposit

I hereby authorize the direct deposit of my net pay by my employer in the account and financial institution indicated on the right. Such direct deposit will be made on each succeeding payday, unless I choose to end this agreement in writing to my employer.

Any such notification to my employer will become effective following receipt, after a reasonable opportunity to act on it.

If 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

I request that my net pay be deposited at:

Name of Financial Institution

**Deposit to
Account
#** _____

Select only **ONE** Account

Checking _____ Savings _____

Bank Routing #

Name (**Please Print**)

Employee # (from your paystub)

School

Note: A voided check or photocopy of a voided check or a statement from your Financial Institution stating the routing and account numbers **must** be attached to this form to assure that the correct Bank Transit Numbers and your personal account numbers are entered properly into the payroll system. Please sign above and return to Meriden Public Schools Business Office.