Town of Vernon
Request to Begin and/or Change Direct Deposit of Payroll

I hereby authorize and request the Town of Vernon, hereinafter called COMPANY to make payment of any amounts owed to me for salary earned through the COMPANY by initiating credit entries to my account as indicated in the depository financial institution named below, hereinafter called DEPOSITORY, and I authorize and request DEPOSITORY to accept any credit or correcting debit entries initiated by COMPANY to such account and to credit/debit the same to such account without responsibility for the correctness thereof.

Action Requested:

BEGIN Direct Deposit of Payroll (Credits/Debits to My Account): ☐

CHANGE My Bank Transit or Account: ☐

TERMINATE My Preauthorized Credits: ☐

YOUR BANK AND ACCOUNT INFORMATION

Bank Name:_____

Bank Address:_____
(City) (State/Zip)

Please complete the Bank Transit and Account Information with the assistance of your bank representative to insure that it is absolutely correct. A copy of a check or voided check must accompany this form to support the accuracy of your Bank Transit and Account Numbers. Please do not submit deposit slips for checking accounts as supporting documentation. For a savings account submit a copy of your account number from your passbook or statement.

Bank Transit Number Account Number

Type of Account: Checking Account: ☐

Savings Account: ☐

It is understood that this agreement may be terminated by me at any time by written notification to COMPANY. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it.

Name of Employee:_____
(Please Print)

Date:_____ Signed:_____

Employee's Social Security Number:_____

For Use By Town of Vernon Payroll Department

Received On:_____

Initial Notification to Bank Date:_____

Payroll Effective Date:_____