



Payroll Authorization for Direct Deposit

Note: Limited to (2) accounts
Use a separate form for each account
Complete form and attach a voided check

It will take two pay periods for your direct deposit to take effect. **Your first check will be a LIVE PAPER CHECK.**

Last Name _____ First Name _____

Ownership of account: Self Joint

Names(s) on account: _____

Action: New Change Cancel

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of account: Checking Savings Other _____

I authorize the direct deposit of my funds by the Clinton Board of Education to the account indicated above. I agree to the terms that the account is not in another person's name, is not a health savings account, or an account that is an IRS capped contribution account such as a tax-sheltered annuity or a flexible spending account. Such direct deposit will be made on each pay date, unless I choose to terminate this agreement in writing to my employer. If funds to which I am not entitled are deposited to my account, I authorize the town of Clinton to direct the bank to return said funds.

Employee Signature

Date

To what email address would you like your electronic payroll voucher sent?

OFFICE USE ONLY

1. Pre-note 2. Direct deposit begins
