

If you are interested in being paid with direct deposits rather than checks, please return this form to Eva Nascimento, 50 South Main Street, West Hartford, CT 06107

Please call 860-561-7471 if you have any questions.

Town of West Hartford PAYABLES DIRECT DEPOSIT AUTHORIZATION

Name of Vendor	Tax ID Number
	_____ - _____ - _____

Please Note: *A) Your first pay after submitting this form will be a check.*

For Checking: Attach a copy or voided original check, which provides the account number and bank transit routing number.

For Savings: Attach a copy of a **pre-printed** deposit slip, which provides the account number and bank transit routing number.

Bank Account				
Action	Financial Institution	Account Type	Bank Transit Routing Number (9 digits)	Account Number (up to 17 characters)
<input type="checkbox"/> New		<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Change		<input type="checkbox"/> Savings		

I authorize the Department of Financial Services and the financial institutions noted to deposit payments to the following account. I understand that my deposit will be credited to my account on the pay date indicated on my direct deposit advice which will be emailed to me at the account listed below.

Signature	Date	Email Address

Authorized Signature/Title	Date	Email Address