

DIRECT DEPOSIT ENROLLMENT (Optional):

Bank Name: _____ Checking | Savings

Routing #: _____ Account #: _____

Deposit All Weekly Earnings? **or** \$ _____ **or** _____
(per each pay week) \$ amount % amount

*Please attach a copy of a voided check



*Routing Number

*Account #

Signature: x _____ Date: _____

**Note: A voided check or bank form must be submitted to the Mount Southington Payroll Department if the initial direct deposit is denied.

FOR OFFICE USE ONLY:

Pay Rate \$: _____ | Department #: _____

Supervisor Signature: _____ | Date: _____