

**NEW MILFORD PUBLIC SCHOOLS**  
**Department of Human Resources**  
**50 East Street**  
**New Milford, Connecticut 06776**

**DIRECT DEPOSIT ENROLLMENT FORM/AUTHORIZATION**

To initiate Direct Deposit of your paychecks return this completed form to the Payroll Department of the New Milford Public Schools. **PLEASE ATTACH A VOIDED CHECK.**

Your name as it should appear on your paycheck: \_\_\_\_\_

**Please circle one:**

Administrator	Teacher	Secretary	Custodian	Maintenance
Paraeducator	Food Service	Nurse	Tutor	Substitute

Please deposit my payroll check(s) into my (check one account only):

Checking Account \_\_\_\_\_

Savings Account \_\_\_\_\_

Other Account (describe account type) \_\_\_\_\_

List the account number for the account you checked above: \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Address (if applicable) \_\_\_\_\_

List the routing number of Bank or Financial Institution: \_\_\_\_\_

Provide your **personal email address** for electronic receipt of pay stub \_\_\_\_\_

I hereby authorize the New Milford Public Schools to deposit the net amount of my paychecks to the account listed above. The New Milford Public Schools is also authorized to adjust any over-deposits which is caused to be made to my account. I understand that I must keep the Payroll Office of the New Milford Public Schools fully informed of the status of my account and any changes thereto.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date