

# TOWN OF SOMERS

600 Main Street  
P.O. Box 308  
Somers, Connecticut 06071

## Direct Deposit Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employee Authorization Signature: \_\_\_\_\_

Direct Deposit – please provide a voided check for each checking account.

	Bank Name	Ckg	Svgs	Account #	Routing #	% to Deposit
1						
2						
3						

\*Board of Selectmen Directive effective 07.01.2011

Office use only:

\_\_\_\_\_

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_