

Fairfield County Direct Deposit Authorization Form

Please print and complete ALL the information below.

Employee #:		Employee Nar	me:	-
Department:	1 4			
	John Jones 124 Main Stre Anywhere, Ma Pay to the order of:	EXAP	VIFEE /	0259 nllars
	9 digit Routing Number	Account Number (1-17 digits)	Check Number (do not include)	
Name of Bank:				
Account #:		1		
9-Digit Routing #:				
Type of Account:	Checking	Savings ((Circle One)	
Amount:	* \$% • or • Entire Paycheck			
Please attach a voic	ded check fol	r each bank acco	ount to which funds shou	ıld be deposited.
			directly deposit my pay todify or cancel it in writin	to the account listed above.
Employee Signature	::		Date:	
		HR/PAYROLL USE ONLY PRE-NOTE		
				DIRECT DEPOSIT BEGINS
				REVISED 11/23/2020