

FINANCE DEPARTMENT
Tel (203) 563-0114
Fax (203) 563-0299



TOWN HALL
238 Danbury Road
Wilton, Connecticut 06897

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS) EMPLOYEE

Name _____

I (we) hereby authorize the Town of Wilton to initiate credit entries to my (our) ☐ Checking Account/☐ Savings Account (select one) indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name _____ Branch _____

City _____ State _____ Zip _____

9 Digit Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until Town of Wilton has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Town of Wilton and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ SS # _____
(Please Print)

Date _____ Signature _____

Email Address

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please return to Sarah Taffel, Human Resources at sarah.taffel@wiltonct.org