



CITY OF STAMFORD
OFFICE OF LEGAL AFFAIRS - HUMAN RESOURCES DIVISION
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 Tel. (203) 977-4070, Fax: (203)977-4075

**Direct Deposit Form for CERF or
 Custodians' Pension**

A. Applicant's Information

Please Print Clearly

Last Name: _____ First Name: _____

Social Security Number: ____ - ____ - _____ Telephone Number: _____

I have enclosed a copy of my government issues photo ID.

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: Checking – attached a copy of a void check. Savings

My pension payments are currently directly deposited into my account. I wish to discontinue direct deposit and receive future payments in the mail by check.

Direct Deposit Authorization Agreement

I authorize and request City of Stamford/ Stamford Board of Education to automatically deposit any amounts owed to me to my account at my Depository Financial Institution listed above on this form.

I understand that this agreement may be terminated by me or City of Stamford/ Stamford Board of Education at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize City of Stamford / Stamford Board of Education to debit my account only for the purpose of correcting an erroneous credit previously credited to my account.

Note: Once we receive your request, it may take two payroll processing periods before this new direct deposit information will be reflected in your periodic payment. During the first payroll after this request has been processed, a test may be run to ensure that the transit routing number and account numbers are valid. You will receive a physical check during this test. Please always review the payment advice you receive in the mail. If, for some reason, the direct deposit does not process, you will receive a physical check.

B. Applicant's Signature

I authorize Wells Fargo to automatically deposit funds due to me to my account specified above and to make adjustment entries, if necessary, only under the conditions outlined on this form. I have read and understand this form.

Applicant's Signature: _____ Date: _____

Internal Use Only: Processed By: _____ Date: _____