



CITY OF STAMFORD

OFFICE OF LEGAL AFFAIRS ~ HUMAN RESOURCES DIVISION
888 WASHINGTON BOULEVARD, P.O. BOX 10152, STAMFORD, CONNECTICUT 06904-2152
Tel. (203) 977-4070

Direct Deposit Form for CERF or Custodians' Pension

A. Applicant's Information

PLEASE PRINT CLEARLY

Last Name	First Name
Social Security Number	Telephone Number
<input type="checkbox"/> I have enclosed a copy of my government issued photo ID <i>(MUST attach copy of photo ID for change request to be processed)</i>	
<input type="checkbox"/> My pension payments are currently being deposited into my account(s). I wish to discontinue direct deposit and receive future payments in the mail by check.	
<input type="checkbox"/> I wish to have my funds deposited into ____ account(s). <i>(Please indicate the number of accounts (up to 5) to receive a deposit. Please submit a separate form for each account to receive a deposit.)</i>	
Financial Institution	Routing Number <i>(9 digits)</i>
Account Number	Account Type
	<input type="checkbox"/> Checking - <i>Please attach a voided check.</i> <input type="checkbox"/> Savings
<input type="checkbox"/> ____% of my net benefit should be deposited into this account. I understand that if no number written, 100% will be deposited into this account. <i>(Please indicate percentage to be deposited into this account. Please submit a separate form for each account if the percent is under 100%)</i>	

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 the City of Stamford 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		Today's Date	___/___/___
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