

CITY OF CHICOPEE

RETURN TO: TREASURER'S OFFICE

274 FRONT STREET, CHICOPEE, MA 01013-2684 413-594-1567



DIRECT DEPOSIT AUTHORIZATION

This form must be completed and signed to initialize direct deposit of your payroll check. Any incorrect information will result in the delay of processing your request.

I hereby authorize the City of Chicopee to make the indicated direct deposit into my account at the financial institution named below. The City Treasurer is also authorized to debit my account to adjust for any over deposit that may be caused. This authorization will remain in effect until cancelled by the employee. I certify that the information provided is accurate to the best of my knowledge. *(Please print clearly!)*

EMPLOYEE # _____ (left corner of pay stub)

PLEASE SELECT: **Municipal Employee** **School Employee**

NAME _____

ADDRESS _____

CONTACT PHONE _____ EMAIL: _____

SIGNATURE _____ DATE _____

PLEASE SELECT: **Original Request** **Original Request** **Update** **Stop Direct**
 Bank 1 **Bank 2** **Deposit**

NAME OF FINANCIAL INSTITUTION #1 _____

ADDRESS _____

BANK ROUTING # _____

YOUR ACCOUNT # _____ CHECKING [] *or* SAVINGS []

PLEASE SELECT ONE OPTION:

[] ENTIRE NET CHECK *or* [] FLAT DOLLAR AMOUNT OF \$ _____

NAME OF FINANCIAL INSTITUTION #2 _____

ADDRESS _____

BANK ROUTING # _____

YOUR ACCOUNT # _____ CHECKING [] *or* SAVINGS []

PLEASE SELECT ONE OPTION:

[] REMAINDER NET CHECK *or* [] FLAT DOLLAR AMOUNT OF \$ _____

***BANK PROOF MUST BE ATTACHED
VOIDED CHECK OR LETTER FROM BANK***
City of Chicopee utilizes a pre-notification process.