

Payroll Deposit Authorization Form

Use this form to request the direct deposit of your pay to your Dime Checking or Savings Account. You will need to provide this information to your employer with any other additional information and authorization they need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

Direct Deposit Authorization

I hereby authorize (company name) _____, hereinafter called COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Dime Bank, Norwich, CT, and I authorize and request Dime Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name:		
Social Security #:		
Address:		
City:	State:	Zip:
Dime Bank Checking Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Dime Bank Savings Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Dime Bank ABA/Transit Routing Number: 211173373		

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Dime Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable time to act on it.

Account Owner _____

Signature _____ Date _____