

# COOPERATIVE EDUCATIONAL SERVICES

40 Lindeman Drive  
Trumbull, CT 06611

## DIRECT DEPOSIT AUTHORIZATION

**EMPLOYEE NAME:** \_\_\_\_\_  
Please Print

**Employee's EMAIL Address** \_\_\_\_\_

Bi-weekly paystubs are issued via email only.

Your password is the last 4 digits of your Social Security#.

**BANK NAME:** \_\_\_\_\_

**BANK TRANSIT/ROUTING # (A.B.A.#):** \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

Please specify: Checking \_\_\_\_\_ Savings \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**BANK TRANSIT/ROUTING # (A.B.A.#):** \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

Please specify: Checking \_\_\_\_\_ Savings \_\_\_\_\_

**NOTE:** Please indicate if this is a change to an existing Direct Deposit already on file with Payroll.

I authorize C.E.S. to directly deposit my paycheck to the bank account listed above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**A VOIDED BANK CHECK OR A COMPLETED BANK DIRECT DEPOSIT AUTHORIZATION MUST BE ATTACHED TO THIS FORM.**

**Effective July 1, 2006, this form must be completed at time of hire.**

**Effective July 1, 2010 check stubs will be emailed to the employee's email address**

Revision 3/25/2021