



DIRECT DEPOSIT AUTHORIZATION

To initiate Direct Deposit for your company paychecks,
return this completed form to your employer.

Do not return it to your bank.

All you need do is:

1. Fill in the requested information.
2. Attach a voided check from your checking account so your employer can verify all financial institution information.
3. Return the authorization form to your employer.

(Please Print)

Name of employer/company making payment:

Name of employee/person receiving payment:

Employee number/identification number:

Please deposit my payroll check to my checking or NOW account.

Account Number:

Name of bank/financial institution:

Litchfield Bancorp
294 West Street
PO Box 997
Litchfield, CT 06759-0997

ABA Number: 211174275

I hereby authorize the company named above to deposit the payment described above to my account at the financial institution named above. Also, the company named above is authorized to adjust any over-deposit which is caused to be made to my account. I will not hold the financial institution named above liable for any erroneous deposits or adjustments made by the company named above.

Signature

Date

(When complete, attach voided check)