

TORRINGTON BOARD OF EDUCATION  
DIRECT DEPOSIT PAYROLL AUTHORIZATION FORM

BANK NAME:

---

ROUTING NUMBER:

---

BANK ACCOUNT NUMBER:

---

\_\_\_ CHECKING OR NOW ACCOUNT

\_\_\_ FULL AMOUNT

\_\_\_ PARTIAL AMOUNT \$ \_\_\_\_\_

\_\_\_ SAVINGS ACCOUNT

\_\_\_ FULL AMOUNT

\_\_\_ PARTIAL AMOUNT \$ \_\_\_\_\_

---

NAME

---

DATE

PLEASE ATTACH A COPY OF A VOIDED CHECK