

**PAYROLL DEPARTMENT  
DEPARTMENT OF FINANCE  
200 ORANGE STREET  
NEW HAVEN, CT. 06510  
(203) 946-8288/ FAX (203) 946-5791**

**Direct Deposit Hard Copy Opt Out**

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**Name:** \_\_\_\_\_

**Social Security # (last 4 digits):** \_\_\_\_\_

**Employee #:** \_\_\_\_\_

|  |  |
|--|--|
|  | <b><u>YES, I DO</u></b> authorize the City of New Haven to provide my direct deposit advise in an electronic format and provide online access to that date. I will not receive a paper copy of my paycheck advise. |
|--|--|

Please check box

I have been informed by the City of New Haven of the manner in which I may have online access to view the compensation and deductions information which is normally displayed on my weekly or biweekly hard copy direct deposit confirmation.

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**Signature**

**Date**

Please provide a valid e-mail address:

**Primary E-mail Address:** \_\_\_\_\_

**Secondary E-mail Address:** \_\_\_\_\_

**Delivery Method (select only one):**

|                         |  |
|-------------------------|--|
| <b>Primary e-mail</b>   |  |
| <b>Secondary e-mail</b> |  |
| <b>ESS only</b>         |  |

**\*This will take up to two pay periods before it will take effect.**