



Direct Deposit Authorization Form

Employee Name: _____ Social Security Number _____ - _____ - _____

_____ New Payroll Deposit _____ Change Deposit Information

Complete Section 1 &/or 2 as applicable

Section 1 – Checking Account: ATTACH A VOIDED CHECK

Bank Name: _____

Bank Address (City, State) _____

Checking Account Routing Number: _____ Checking Account Number _____

I wish to deposit \$ _____ .00 or _____ Entire Net Pay

Section 2 – Savings Account: CALL YOUR BANK TO OBTAIN THE FOLLOWING INFORMATION

Bank Name: _____

Bank Address (City, State) _____

Savings Account Routing Number: _____ Savings Account Number _____

I wish to deposit \$ _____ .00 or _____ Entire Net Pay

I hereby authorize the Town of Freetown to deposit my net pay at the financial institution named above. I understand that the Town of Freetown may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above-named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution. It is understood that this agreement may be terminated, by me, at anytime by written notification to the Town of Freetown. Any such notification to the Town of Freetown shall be effective only with respect to entries initiated by the Town of Freetown after receipt of such notification and reasonable opportunity to act on it. Any such notification to the Bank by the employee is unacceptable. The Bank may terminate this agreement by written notice to the employee for just cause.

Employee Signature _____ Date: _____

Payroll Signature _____ Date: _____