

**AUTHORIZATION AGREEMENT FOR EMPLOYEE
DIRECT PAYROLL DEPOSITS**

Employees may have multiple direct deposits if they choose. Bank information must be completed for each different direct deposit requested.

EMPLOYEE NAME: _____ EMPLOYEE # _____

BANK NAME : _____

BANK ADDRESS: _____

BANK TRANSIT ROUTING NUMBER: _____

TYPE OF ACCOUNT: ☐ CHECKING ACCT # _____
(must be accompanied with a voided check)
AMOUNT PER CHECK _____

☐ SAVING ACCT # _____
AMOUNT PER CHECK _____

BANK NAME : _____

BANK ADDRESS: _____

BANK TRANSIT ROUTING NUMBER: _____

TYPE OF ACCOUNT: ☐ CHECKING ACCT # _____
(must be accompanied with a voided check)
AMOUNT PER CHECK _____

☐ SAVING ACCT # _____
AMOUNT PER CHECK _____

It is understood that I may terminate this agreement at any time by written notification to the Treasurer/Collector office. Any such notification shall be effective only with respect to entries initiated by the Town after receipt of such notification and a 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.

I hereby authorize the Town of Northbridge to direct deposit all or part of my earnings as listed above.

SIGNATURE

DATE