TOWN OF MERRIMAC

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

To enroll in Direct Deposit, simply fill out his form and give it to your Payroll Department. Attach a voided check for each checking account. If depositing to a savings account, ask your bank to give you the routing/transit number for your account. (It isn't always the same as the number on your deposit slip.) This will ensure that you are paid correctly.

Employee Name _____

ACCOUNT INFORMATION

1. Bank Name/City/State: _____
    Routing/Transit # _ _ _ _ _ _ _ _ _   Account # _____
    ☐ Checking   ☐ Savings   Amount $ ____.__ or __Entire Net

2. Bank Name/City/State: _____
    Routing/Transit # _ _ _ _ _ _ _ _ _   Account # _____
    ☐ Checking   ☐ Savings   Amount $ ____.__ or __Entire Net

3. Bank Name/City/State: _____
    Routing/Transit # _ _ _ _ _ _ _ _ _   Account # _____
    ☐ Checking   ☐ Savings   Amount $ ____.__ or __Entire Net

4. Bank Name/City/State: _____
    Routing/Transit # _ _ _ _ _ _ _ _ _   Account # _____
    ☐ Checking   ☐ Savings   Amount $ ____.__ or __Entire Net

5. Bank Name/City/State: _____
    Routing/Transit # _ _ _ _ _ _ _ _ _   Account # _____
    ☐ Checking   ☐ Savings   Amount $ ____.__ or __Entire Net

I hereby authorize the Town of Merrimac to deposit any amounts owed me by initiating credit entries to my accounts indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the Town of Merrimac to my accounts. In the event that the Town of Merrimac deposits funds erroneously into my account, I authorize the Town of Merrimac to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Town of Merrimac and Bank have received written notice from me of its termination in such manner as to afford the Town of Merrimac and Bank reasonable opportunity to act on it.

EMPLOYEE SIGNATURE: _____ **DATE: ___/___/_____**