

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(ACH CREDITS)

I hereby request and authorize the Town of Walpole to deposit any amounts owing to me to my account and bank indicated below, or to charge my account for a deposit made in error.

It is understood that I may terminate this agreement at any time by written notification to my employer. This notification shall take effect only for deposits made by my employer after receipt of such notification and after a reasonable opportunity to act on it.

1. **EMPLOYEE NAME** \_\_\_\_\_

2. **BANK NAME** \_\_\_\_\_

3. **BANK TRANSIT/ABA NUMBER** (office use only) \_\_\_\_\_

4. **BANK ACCOUNT NUMBER** \_\_\_\_\_

5. **TYPE OF ACCOUNT: CHECKING** \_\_\_\_\_ **AMOUNT \$** \_\_\_\_\_

**SAVINGS** \_\_\_\_\_ **AMOUNT \$** \_\_\_\_\_

6. **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Entire net pay must be deposited. Pay may be distributed to different accounts.

**Please include voided check or copy and/or savings account deposit slip** to ensure correct numbers are used for accurate transmittal to your bank.

After receipt of this form and your voided check and/or savings deposit slip, Payroll Office will begin Direct Deposit of your paycheck after one payroll period has passed as required for account number verification.

Forms, paperwork and questions should be directed to:

Town Personnel	-	Joy Idman, Ext. 311, Treasurer's Office
School Personnel	-	Patricia Crane, Ext. 202, Business Office

Revised: 1/1/10