

DIRECT DEPOSIT AUTHORIZATION

COMPANY NAME:
TOWN OF WRENTHAM

COMPANY ID NUMBER: _____

I hereby authorize The Town of Wrentham to initiate credit entries and to initiate debit entries and adjustments for any credit entries made in error to my account at the depository financial institution(s) named below.

NAME _____ EMPLOYEE # _____

BANK _____ CITY/TOWN _____

ROUTING NUMBER * _____

ACCOUNT # _____ TYPE: CHECKING _____ SAVINGS _____

AMOUNT _____ (OR) NET PAY _____

BANK _____ CITY/TOWN _____

ROUTING NUMBER * _____

ACCOUNT # _____ TYPE: CHECKING _____ SAVINGS _____

AMOUNT _____ (OR) NET PAY _____

BANK _____ CITY/TOWN _____

ROUTING NUMBER * _____

ACCOUNT # _____ TYPE: CHECKING _____ SAVINGS _____

AMOUNT _____ (OR) NET PAY _____

IF FUNDS ARE TO BE DEPOSITED INTO YOUR CHECKING ACCOUNT, PLEASE ATTACH A COPY OF A VOIDED CHECK OR A STATEMENT FROM YOUR BANK SHOWING ACCOUNT INFORMATION

* This information can be found on the bottom of your personal checks, just preceding your account number. If you are unsure about the routing number, please contact your financial institution representative.

Signature _____ Date _____

This authorization is to remain in full force and effect until The Treasurer's Office has received written notification from me of its termination in such time and in such manner as to afford Treasurer's Office and Depository a reasonable opportunity to act on it.