



## TOWN OF PLAISTOW

### Direct Deposit Authorization Form

I authorize the company named in the form below to automatically deposit/charge any funds owed to me to my account at the Depository Financial Institution named in the form below.

I understand that at this agreement may be terminated by me or by the company at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize the company to charge/deposit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit the company has notified me in writing of the reason for the debit.

**REQUIREMENT: A verification form from your financial institution indicating the routing number and account number to be used for your direct deposit is required. For checking accounts, a voided check is also acceptable.**

#### REQUEST FOR DIRECT DEPOSIT/DIRECT CHARGE:

##### **Section I**

I authorize the Town of Plaistow to automatically deposit funds owed

to me to my (our) Checking \_\_\_\_\_ Amt. \_\_\_\_\_ Savings \_\_\_\_\_ Amt. \_\_\_\_\_

Account at \_\_\_\_\_  
Financial Institution

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

I authorize the Town of Plaistow to automatically deposit funds owed

to me to my (our) Checking \_\_\_\_\_ Savings \_\_\_\_\_ Amt. \_\_\_\_\_

Account at \_\_\_\_\_  
Financial Institution

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

and to make adjustment entries, if necessary, only under the conditions described in the Authorization Agreement above.

##### **Section II**

Employee Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
Please print

Email Address for deposit advice: \_\_\_\_\_

I have read and understood both sections of this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_