

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE NAME (PRINT) _____

EMPLOYEE NUMBER _____

BANK NAME _____

BANK ADDRESS _____

ACCOUNT TYPE: ☐ CHECKING ☐ SAVING

ROUTING NUMBER _____

ACCOUNT NUMBER _____

PRIMARY DEPOSIT _____ SECONDARY DEPOSIT _____
(AMOUNT) (AMOUNT)

EMPLOYEE'S EMAIL ADDRESS _____

I hereby authorize the Town of Holliston to deposit my net pay, or my secondary deposit, at the financial institution named above. I understand that the Town of Holliston may cause my account to be adjusted to the extent necessary to correct any over-deposits, and I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused the financial institution.

It is understood that this agreement may be terminated by me at any time with written notification to the Town of Holliston. Any such notification to the Town shall be effective only with respect to entries initiated by the Town after receipt of such notification and 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.

EMPLOYEE SIGNATURE

DATE

PROVIDE EITHER A DIRECT DEPOSIT AUTHORIZATION FORM COMPLETED BY YOUR BANK OR A VOIDED CHECK WHEN YOU SUBMIT THIS FORM. CHANGES TO YOUR DIRECT DEPOSIT ACCOUNTS NEED TO BE SUBMITTED IN PERSON TO THE PAYROLL DEPARTMENT LOCATED IN THE TREASURER'S OFFICE AT THE HOLLISTON TOWN HALL.