Town of Shrewsbury

Authorization Agreement for Direct Deposit

To All Banks and Credit Unions

Employee Name: _____ Date:_____

Social Security #:_____\ __________

"I hereby authorize the Town of Shrewsbury to deposit my payroll check to the financial institutions, accounts and amounts I have listed below. I understand that the Town of Shrewsbury may cause my accounts to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the below listed financial institutions harmless of any erroneous deposits or adjustments not caused by the financial institutions.

DEPOSITS LISTED BELOW WILL BE TAKEN IN ORDER.

1) BANK NAME:_____

Transit Routing Number: | | | | | | | | | | | |

TRANSIT ABA

Your account Number: | | | | | | | | | | | | |

Checking ☐ Savings ☐ DEPOSIT AMOUNT:_____

* A *VOID*ED check *must* be attached to this form for a checking account.

2) BANK NAME:_____

Transit Routing Number: | | | | | | | | | | | |

TRANSIT ABA

Your account Number: | | | | | | | | | | | | |

Checking ☐ Savings ☐ DEPOSIT AMOUNT:_____

* A *VOID*ED check *must* be attached to this form for a checking account.

It is understood that this agreement may be terminated by me at any time by written notification to the Town of Shrewsbury. Any such notification to the Town of Shrewsbury shall be effective only with respect to entries initiated by the Town of Shrewsbury after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the receiving Bank by the employee is unacceptable. Any receiving Bank may terminate this agreement by written notice to me for just cause.

Name:_____ Date:_____

Signature Please

ATTACH CHECK HERE