

Town of Shrewsbury
ation Agreement for Direct Deposit
 To All Banks and Credit Unions

Employee Name: _____ 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.

- ☐ I want to sign up for direct deposit
- ☐ I want to add a direct deposit account
- ☐ I want to replace my current direct deposit account
- ☐ I want to change the amount on my existing direct deposit account
- ☐ I want to cancel my direct deposit, Bank _____

DEPOSITS LISTED BELOW WILL BE TAKEN IN ORDER.

1) BANK NAME: _____

Transit Routing Number:

Your Account Number:

[illegible]

ABA

Checking ☐ Savings ☐

DEPOSIT AMOUNT: _____

* A VOIDED check or a direct deposit letter from the bank *must* be attached to this form for a checking/savings account.

2) BANK NAME: _____

Transit Routing Number:

Your Account Number:

[illegible]

ABA

Checking ☐ Savings ☐

DEPOSIT AMOUNT: _____

* A VOIDED check or a direct deposit letter from the bank *must* be attached to this form for a checking/savings 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.

Signature: _____ Date: _____