Direct Deposit Information

(Please attach "VOID" check)

I request my employer, Town of Sandwich, to automatically deposit my pay to **my** checking and /or Savings Accounts at

Bank Name(s):_____

And to make adjustment entries, if necessary, only under the conditions on the bottom of this form.

Employee Name (Please Print) _____

You MUST attach a voided check or letter for savings and return to the payroll department. (Check checking or savings)

Routing # _____Account #_____ $ amount _____ (C) ☐ (S) ☐
Routing # _____Account #_____ $ amount _____ (C) ☐ (S) ☐
Routing # _____Account #_____ $ amount _____ (C) ☐ (S) ☐

Amounts must be in $ or All, or Remaining pay. May not be in %. If this is a SAVINGS account we require a letter/ documentation that you have an active savings account, routing & account number must be provided. You have to be on the account in order to have these funds deposited.

Direct Deposit Authorization Agreement

I authorize and request my employer to automatically deposit any amounts owing to me to my account at my Depository Financial Institution(s) listed above. I understand that this agreement may be terminated by me or my employer at any time by written notification.

I authorize my employer to debit my account only for the purpose of correcting an erroneous credit previous initiated to my account provided that prior to the debit, my employer has notified me in writing of such debit and therefore.

_____ **Email me a PDF of my Direct Deposit:** Yes☐ NO ☐

Email Address

I have read and understood all the terms of this form.

_____ ____/____/____

Employee Signature* **Date**

**Electronic Signature-Typing your FULL NAME represents your official signature.*