



# Payroll Direct Deposit Authorization Form

|                                 |  |
|---------------------------------|--|
| Action Requested                | Effective Date                               |
| <input type="checkbox"/> New    | <input type="checkbox"/> As Soon As Possible |
| <input type="checkbox"/> Change | <input type="checkbox"/> Future Pay Date     |
| <input type="checkbox"/> Cancel | ___ / ___ / ___                              |

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Phone \_\_\_\_\_

SSN \_\_\_ - \_\_\_ - \_\_\_ E-mail \_\_\_\_\_

|           |                                |   |   |
|-----------|--------------------------------|---|---|
| Bank Name | Routing # _____<br>Acct# _____ | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings | <input type="checkbox"/> Amount _____<br><input type="checkbox"/> Percent _____<br><input type="checkbox"/> Balance |
|-----------|--------------------------------|---|---|

|           |                                |   |   |
|-----------|--------------------------------|---|---|
| Bank Name | Routing # _____<br>Acct# _____ | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings | <input type="checkbox"/> Amount _____<br><input type="checkbox"/> Percent _____<br><input type="checkbox"/> Balance |
|-----------|--------------------------------|---|---|

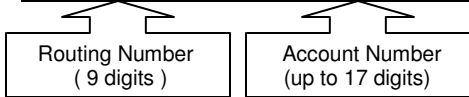
|           |                                |   |   |
|-----------|--------------------------------|---|---|
| Bank Name | Routing # _____<br>Acct# _____ | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings | <input type="checkbox"/> Amount _____<br><input type="checkbox"/> Percent _____<br><input type="checkbox"/> Balance |
|-----------|--------------------------------|---|---|

|           |                                |   |   |
|-----------|--------------------------------|---|---|
| Bank Name | Routing # _____<br>Acct# _____ | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings | <input type="checkbox"/> Amount _____<br><input type="checkbox"/> Percent _____<br><input type="checkbox"/> Balance |
|-----------|--------------------------------|---|---|

For a CHECKING account:  
Write VOID on an unused check and attach here.

For a SAVINGS account:  
Contact your bank and obtain written verification of your account and routing numbers. Attach that verification to this form

|  |             |
|--|-------------|
| Ken and Barbie Jones<br>123 Main Street<br>Anytown, ME 04111 | 1234        |
| Pay to: _____  | \$ _____    |
| Anytown Bank<br>Anytown, ME 04111                            | DOLLARS     |
| For: _____   | <b>VOID</b> |
| A123456789A 000123456000 C 1234                              |             |



I authorize Town of Fryeburg, ME to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the Town of Fryeburg to direct the financial institution to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the Town of Fryeburg assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the Town of Fryeburg cannot issue the funds to me until the funds are returned to the Town of Fryeburg by my financial institution(s).

I understand this authorization will override any previous authorizations and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with the Town of Fryeburg.

I understand I must immediately notify the Payroll Manager before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_