

TOWN OF NORTH ANDOVER, MASSACHUSETTS
OFFICE OF
TOWN ACCOUNTANT
120 MAIN STREET, NORTH ANDOVER, MASSACHUSETTS 01845



Telephone (978) 688-9520
FAX (978) 688-9556

DIRECT DEPOSIT FORM

To enroll in Direct Deposit, simply fill out the attached form and return it to Payroll. A **voided check** (if a checking account) or **deposit slip** (if a savings account) for each account listed below **MUST** be attached to ensure your requested will be processed properly.

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter the; Town of North Andover) to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the Town of North Andover to my accounts. In event that the Town of North Andover deposits funds erroneously into my account, I authorize the Town of North Andover to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Town of North Andover and Bank have received written notice from me of its termination in such time and in such manner as to afford the Town of North Andover and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Company Name: **TOWN OF NORTH ANDOVER, MA. ** EMAIL RECEIPT TO**

PLEASE PRINT - CAN BE PERSONAL OR TOWN

Account Information **MUST** include the Bank ABA/Routing Number

You may choose up to three accounts. (Your last item must be for the remaining amount owed to you.)

1. Bank: Name/City/State: _____ **ADD/CHANGE/REMOVE
CIRCLE ONE**

Checking Savings Account Number _____
ABA/Routing Number _____

I wish to deposit \$ _____ or Entire Net Amount

2. Bank: Name/City/State: _____ **ADD/CHANGE/REMOVE
CIRCLE ONE**

Checking Savings Account Number _____
ABA/Routing Number _____

I wish to deposit \$ _____ or Entire Net Amount

3. Bank: Name/City/State: _____ **ADD/CHANGE/REMOVE
CIRCLE ONE**

Checking Savings Account Number _____
ABA/Routing Number _____

I wish to deposit \$ _____ or Entire Net Amount