

Direct Deposit Form

Employee #: _____ Work Location: _____

Employee Name: _____

Change: _____ Addition: _____ Cancellation: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking or Savings: _____ Amount: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking or Savings: _____ Amount: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking or Savings: _____ Amount: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking or Savings: _____ Amount: _____

I hereby authorize the Town of Pembroke to direct deposit the amounts indicated to the accounts listed above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications. I understand that the financial organization designated reserves the right to cancel this agreement by notice to me.

****Please attach a voided check for all checking accounts and/or a letter from the financial institution for all savings accounts**

**** All Direct Deposits will take between 2-4 payrolls to process Employee**

Signature: _____ Date: _____

Treasurer Office: _____ Date: _____