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DIRECT DEPOSIT AUTHORIZATION FORM

YOU MAY HAVE YOUR PAYCHECK AUTOMATICALLY DEPOSITED TO YOUR CHECKING OR SAVINGS ACCOUNTS

- Direct deposit saves time, eliminates lost, stolen, or forged checks, and your check is deposited even if you are away on payday.
- Fill in the requested information on the authorization form. This authorization form allows the town to credit your net pay to your account and to correct any over or under deposit to your account.
- You will receive a direct deposit advice verifying the amount of the deposit on each payday.
- To change banks or accounts, you will need to fill out a new authorization form.
- PLEASE ALLOW TWO COMPLETE PAYROLL CYCLES FOR DIRECT DEPOSIT. Your first paycheck after making a new request or change will be a live check. The second paycheck after making a new request or change will be direct deposited into your account.

☐ NEW REQUEST ☐ CHANGE OF ACCOUNTS ☐ CANCELLATION

Please Print Clearly and Accurately:

Name: _____ Work Location: _____

I AUTHORIZE THE TOWN OF WESTFORD TO AUTOMATICALLY DEPOSIT FUNDS OWED TO:

☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT ☐ BOTH

(FINANCIAL INSTITUTION)

(ADDRESS OF FINANCIAL INSTITUTION)

IF THE AMOUNTS TO BE DEPOSITED ARE DIFFERENT THAN THE NET AMOUNT OF YOUR PAYCHECK, YOU MUST
INDICATE THE AMOUNTS TO BE DEPOSITED TO EACH ACCOUNT

CHECKING ACCOUNT AMOUNT: NET AMOUNT ☐ or DOLLAR AMOUNT \$ _____

SAVINGS ACCOUNT AMOUNT: NET AMOUNT ☐ or DOLLAR AMOUNT \$ _____

Direct Deposit Authorization Agreement

I authorize the Town of Westford to automatically deposit any funds owed to me to my account at the Depository Financial Institution named above. I understand that this agreement may be terminated by me or by the Town of Westford at any time by written notification. Any such notification requires reasonable time to act upon it. I authorize the Town of Westford to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, The Town of Westford has notified me in writing of the reason for the debit.

Signature of Employee

Date

EMAIL ADDRESS FOR ELECTRONIC ADVICE SUBMISSION: _____

By providing this email address, I authorize the Town of Westford to send me an electronic copy of my Direct Deposit Statement and to eliminate any hard copy advice.

ATTACH A VOIDED CHECK OR OTHER BANK DOCUMENT THAT CLEARLY DISPLAYS THE ROUTING NUMBER OF
YOUR BANK AND YOUR ACCOUNT NUMBER AND RETURN COMPLETED FORM TO HUMAN RESOURCES

Human Resources

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