

TOWN OF WEBSTER

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request the Town of Webster to make payment of any amounts owed to me by initiating direct deposit (credit entries) or adjustment entries to my account indicated below in the bank named below and I further authorize and request the bank to accept any deposit (credit) or adjustment entries initiated by the Town of Webster to such account and to enter the same to such account without responsibility for the correctness thereof.

BANK NAME _____ Account Type: CHECKING _____
SAVINGS _____

ROUTING # _____
(nine numbers directly preceding account #)

ACCOUNT # _____

DEPOSIT IN FULL _____ AMOUNT \$ _____ REMAINING _____

It is understood that this agreement may be terminated by me at any time by written notification to the Town of Webster. Any such notification to the Town of Webster shall be effective only with respect to the entries initiated by the Town of Webster after receipt of such notification and a reasonable time to act on it.

NAME _____ Date ____/____/____
(Please print)

SIGNATURE _____

SIGNATURE _____
JOINT ACCOUNT HOLDER (if applicable)

PLEASE RETURN THIS FORM WITH A VOIDED CHECK OR VERIFICATION FORM FROM BANK. DUE TO NACHA REGULATIONS WE MUST HAVE VERIFICATION OF ACCOUNTS (CHECKING AND SAVINGS). ANY FORM WITH ON-LINE BANKING AND NO VERIFICATION FORM WILL BE RETURNED.

THIS COMPLETED FORM AND ATTACHED DOCUMENTATION MUST BE RETURNED IN PERSON TO YOUR APPROPRIATE HUMAN RESOURCE MANAGER OR DEPARTMENT HEAD. THIS FORM WILL NOT BE ACCEPTED VIA ANY OTHER SOURCE.