

**DIRECT DEPOSIT IS MANDATORY**

I authorize the Town of Boxford to automatically deposit my net payroll check to the account I established at the Depository Financial Institution indicated below. Only one Financial Institution will be allowed. The deposit will be available to me on Wednesday Mornings. In rare circumstances when there is a Monday holiday the deposit **may not** be available to me until Thursday mornings.

I authorize the Town of Boxford to charge my account only for the purposes of correcting an error. The Town of Boxford agrees to notify me either personally or by certified mail to the last address recorded in the Town's payroll system prior to initiating the charge.

**PLEASE FILL OUT THE FOLLOWING INFORMATION AND SIGN BELOW.**

**REQUEST FOR DIRECT DEPOSIT**

I authorize the Town of Boxford to automatically deposit my net pay into my **Checking** \_\_\_\_\_ or **Savings** \_\_\_\_\_ account (**check only one**) at the following

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

and make adjustment entries, if necessary, only under the conditions described in the Authorization Agreement above.

**Checking Account #** \_\_\_\_\_

**Savings Account #** \_\_\_\_\_

Employee Name \_\_\_\_\_ (please print)

I have read and understood both parts of this form.

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

**Please attach a voided check and return to the Town Accountant's office.**

**FOR INTERNAL USE ONLY**

Employee Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_