

I authorize the Town of Middleton to automatically deposit my net payroll check to the account I established at the Depository Financial Institution indicated below.

I understand that this agreement may be terminated by me or by the Town of Middleton at any time by written notification. Any such notification requires a reasonable amount of time for the Town and Bank to act upon.

I authorize the Town of Middleton to charge my account only for purposes of correcting an erroneous credit previously deposited to my account provided that prior to the debit the Town of Middleton has notified me either personally or in writing of the reason for the debit.

PLEASE FILL OUT THE FOLLOWING INFORMATION AND SIGN BELOW

I authorize the Town of Middleton 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 Acct # _____ Savings Acct # _____

Employee Name (please print) _____

I have read and understand both parts of this form.

Signature

Date

Please attach a voided check and return to the Treasurer/Collector's office.

FOR INTERNAL USE ONLY
Employee Number _____
Routing Number _____
Account Number _____