

I authorize the Town of Topsfield to automatically deposit/charge any funds owed to me to my account at the Depository Financial Institution named in the form below.

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

I authorize the Town of Topsfield to charge/deposit my account only for the purposes of correcting an erroneous credit previously deposited to my account provided that, prior to the debit the Town of Topsfield has notified me in writing of the reason for the debit.

Please fill out the following information and sign below.

Request for Direct Deposit/Direct Charge

I authorize the Town of Topsfield 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.

Employee Name: _____ (please print)

I have read and understood both parts of this form.

Signature

Date

Please attach a voided check and return to Treasurer/Collector's office.
Check here ___ if you would like a copy of this form.

FOR INTERNAL USE ONLY

Employee Number _____

Routing Number _____

Account Number _____