Town of Franklin

Direct Deposit Authorization and Change Form

You may choose up to four (4) accounts. If you split amounts between accounts, one account must be indicated as "balance". If you choose to use only one account, that account should be indicated as "balance". This will be the net amount of your paycheck.

Please attach a **personal check** marked VOID for checking accounts, a **deposit slip** marked VOID for savings account(s) and/or an **official bank form** certified and stamped by a banking official which provides your account number and the bank routing number.

I hereby authorize the direct deposit of my net pay by my employer in the account(s) and financial institution(s) indicated. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

Please allow two to three pay periods to activate. Once activated, you will receive your check with a non-negotiable check and your stub with your weekly earnings information as normal.

****PLEASE NOTE THAT DIRECT DEPOSIT IS REQUIRED BY THE TOWN OF FRANKLIN****

Employee Name: _____ **Employee ID#**: _____

PLEASE SIGN BELOW

Please Check One *Please Check One*

New ☐ Financial Institution **Checking** ☐
Cancel ☐ _____ **Savings** ☐
Change Amt. ☐
Transit Routing Number Account Number Amount
_____ _____ **$**_____

New ☐ Financial Institution **Checking** ☐
Cancel ☐ _____ **Savings** ☐
Change Amt. ☐
Transit Routing Number Account Number Amount
_____ _____ **$**_____

New ☐ Financial Institution **Checking** ☐
Cancel ☐ _____ **Savings** ☐
Change Amt. ☐
Transit Routing Number Account Number Amount
_____ _____ **$**_____

New ☐ Financial Institution **Checking** ☐
Cancel ☐ _____ **Savings** ☐
Change Amt. ☐
Transit Routing Number Account Number Amount
_____ _____ **$**_____

_____ _____

Signature **Date**

Revised 09/10