



TREASURER'S OFFICE

Town Office Building
140 Wood Street
Somerset, MA 02726

508-646-2822 PHONE
508-646-2843 FAX

DIRECT DEPOSIT AUTHORIZATION AGREEMENT & CHANGE FORM

I authorize and request the Town of Somerset to make the indicated direct deposit(s) into my accounts(s) to the Depository Financial Institution(s) listed below.

I authorize the Town of Somerset to debit my account(s) only for the purpose of correcting an erroneous credit previously initiated to my account(s). Notifications of any correcting debits and credits will be communicated to me through the payroll clerk.

YOU MUST ATTACH A DOCUMENT FROM YOUR BANK THAT PROVIDES THE CORRECT ACCOUNT NUMBER IN THE PROPER FORMAT (STATEMENT, VOIDED CHECK, ETC.)

NAME: _____

ADDRESS: _____

DEPT: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

INITIAL REQUEST ADD BANK ACCOUNT CHANGE BANK/ACCOUNT/AMOUNT STOP DIRECT DEPOSIT

DIRECT DEPOSIT AUTHORIZATION ACCOUNT:

Deduction Amount per pay period: _____

Checking or Savings (circle one)

Financial Institution Name: _____ Bank Routing Number: _____

Financial Institution Address: _____ Bank Account Number: _____

DIRECT DEPOSIT AUTHORIZATION ACCOUNT:

Deduction Amount per pay period: _____

Checking or Savings (circle one)

Financial Institution Name: _____ Bank Routing Number: _____

Financial Institution Address: _____ Bank Account Number: _____

DIRECT DEPOSIT AUTHORIZATION ACCOUNT:

Deduction Amount per pay period: _____

Checking or Savings (circle one)

Financial Institution Name: _____ Bank Routing Number: _____

Financial Institution Address: _____ Bank Account Number: _____
