

Direct Deposit Authorization Agreement

I authorize and request the Town of North Reading to automatically deposit my net paycheck to my account at the financial institution listed below.

I understand that this agreement may be terminated by me or the Town of North Reading at any time by written notification. Any such notification requires a reasonable time to be acted upon but not exceed 30 Calendar days.

I authorize the Town of North Reading to debit my account only for the purpose of correcting an erroneous credit previously initiated to my account, provide that prior to the debit the Town has notified my in writing of such debit and the reason therefore.

I hold the Town of North Reading and _____ harmless in the event amounts owed me are not deposited because of circumstances beyond the control of the Town and/or the financial institution. Further, any liability shall be limited to the amount owed me.

Signature

Date

Name (Please Print)

Address

Telephone

City/State/Zip

BANKING INFORMATION

Financial Institution: _____

Type of Account (Check **ONE**): _____ Checking _____ Savings

Account Number: _____

(please attach a voided check so that we can record the correct banking information)