

For Office Use Only: Employee #: _____
Department: _____

Town of Milton
525 Canton Avenue
Milton, MA 02186

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

The form below should be filled out by employees to have their paychecks directly deposited into a checking or savings account.

If you are depositing into a checking account please attach a voided check to this form.

Upon completion, this form should be submitted to the Town Treasurer's Office, Town Hall.

Any questions can be directed to Carla Fede 617-898-4848 or Julia Foulsham 617-898-4877

I hereby request and authorize the Town of Milton to deposit any amounts owing to me to my account and bank indicated below, or change my account for a deposit made in error.

It is understood that this agreement may be terminated by me at any time by written notification to my employer. This notification shall take effect only for deposits made by my employer after receipt of such notification and after reasonable opportunity to act on it.

Name: _____ Email Address: _____
Address: _____ Phone #: _____

Bank Name: _____ Account #: _____ Routing/Transit #: _____ Type of Account: Checking _____ Savings _____ Amount \$: _____	Bank Name: _____ Account #: _____ Routing/Transit #: _____ Type of Account: Checking _____ Savings _____ Amount \$: _____
Bank Name: _____ Account #: _____ Routing/Transit #: _____ Type of Account: Checking _____ Savings _____ Amount \$: _____	Bank Name: _____ Account #: _____ Routing/Transit #: _____ Type of Account: Checking _____ Savings _____ Amount \$: _____

Signature: _____

Date: _____