EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

I hereby authorize the TOWN OF MATTAPOISETT to initiate electronic payroll entries as specified below to my account(s) listed below, and, if necessary, reversal entries and adjustments for any erroneous entries made to said account(s).

This Authorization is to remain in full force and effect until revoked in writing. I agree that this authorization is solely between the TOWN OF MATTAPOISETT and me, and that the Originating Depository Financial Institution through which the TOWN OF MATTAPOISETT initiates any entry under this Authorization is under no responsibility to me. I agree to notify the TOWN OF MATTAPOISETT promptly if any account listed below is closed or is no longer permitted to accept electronically initiated payroll entries. The TOWN OF MATTAPOISETT is authorized to provide copies of this Authorization to the Originating and Receiving Depository Financial Institution upon their request.

Employee Name: _____ SS#: _____

Employee Signature: _____ Date: _____

****Attach a copy of your check for each checking account (not a deposit slip). If depositing to a savings account, ask your bank to give you the Routing/Transit number.**

1. Bank Name, City, State:	Account #: (Check One) ☐ Checking ☐ Savings ☐ Other
Routing/Transit #	Deposit: $ _____.____ or ☐ Entire Net Amount

2. Bank Name, City, State:	Account #: (Check One) ☐ Checking ☐ Savings ☐ Other
Routing/Transit #	Deposit: $ _____.____ or ☐ Entire Net Amount

3. Bank Name, City, State:	Account #: (Check One) ☐ Checking ☐ Savings ☐ Other
Routing/Transit #	Deposit: $ _____.____ or ☐ Entire Net Amount

4. Bank Name, City, State:	Account #: (Check One) ☐ Checking ☐ Savings ☐ Other
Routing/Transit #	Deposit: $ _____.____ or ☐ Entire Net Amount