

TOWN OF UXBRIDGE

TREASURER/COLLECTOR

21 South Main Street

Uxbridge, MA 01569-1851

Phone 508-278-8600 X2003 Fax 631-237-5422

**Direct Deposit Authorization Agreement & Change Form**

I authorize and request the Town of Uxbridge to make the indicated direct deposit(s) into my account(s) to the Depository Financial Institution(s) listed below. I understand this agreement is voluntary and may be terminated by the Town of Uxbridge or me at any time by written notice. Any such notification requires a reasonable time to be acted upon but should not exceed thirty (30) calendar days.

I authorize the Town of Uxbridge 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 my respective payroll clerk in charge of my payroll.

I hold the Town of Uxbridge harmless in the event amounts owed to me are not deposited electronically due to administrative circumstances by the Town of Uxbridge or by any or all departments of the Town of Uxbridge and by the de**p**ository financial institutions used to process the voluntary request. Further, any liability of these institutions, including the Town of Uxbridge, s**h**all be limited to the amounts owed me.

# You must attach a document from your bank (statement, check, etc.) that provides the correct account number in the proper format.

NAME: SOCIAL SECURITY #:

DEPT: EMPLOYEE ID #:

 EMPLOYEE SIGNATURE: DATE:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHECK ACTION (ON RIGHT) & DEPOSIT ACCOUNT(S) (BELOW):** | **INITIAL REQUEST** |  |  | **CHANGE BANK/ ACCOUNT/AMOUNT** |  |  | **STOP DIRECT DEPOSIT** |  |

**#001 – PRIMARY DIRECT DEPOSIT AUTHORIZATION / ACCOUNT:**

|  |  |
| --- | --- |
| **FINANCIAL INSTITUTION****NAME & ADDRESS** |  |
|  |
| **BANK****ROUTING #** |  |  |  |  |  |  |  |  |  | **ACCOUNT #** |  |
|  |
| **CHECKING (C)OR SAVINGS (S)** |  | **DEDUCTION AMOUNT PER PAY PERIOD** | **100% of remaining NET PAY** |

**#002 – SECONDARY DEPOSIT AUTHORIZATION / ACCOUNT: (optional)**

|  |  |
| --- | --- |
| **FINANCIAL INSTITUTION****NAME & ADDRESS** |  |
|  |
| **BANK****ROUTING #** |  |  |  |  |  |  |  |  |  | **ACCOUNT #** |  |
|  |
| **CHECKING (C)OR SAVINGS (S)** |  | **DEDUCTION AMOUNT PER PAY PERIOD** |  |

**#003 – SECONDARY DEPOSIT AUTHORIZATION / ACCOUNT: (optional)**

|  |  |
| --- | --- |
| **FINANCIAL INSTITUTION****NAME & ADDRESS** |  |
|  |
| **BANK****ROUTING #** |  |  |  |  |  |  |  |  |  | **ACCOUNT #** |  |
|  |
| **CHECKING (C)OR SAVINGS (S)** |  | **DEDUCTION AMOUNT PER PAY PERIOD** |  |