



DIRECT DEPOSIT Authorization Form

This form should be completed:

1. To add new participants to the direct deposit program
2. To change participants' Account #'s and /or ABA #'s.
3. To add an additional direct deposit
4. To cancel participation in the direct deposit program

This request is to: ADD CHANGE CANCEL

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Email Address for electronic Direct Deposit paystub delivery: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I (We) hereby authorize the Town of Westerly/Westerly Public Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking/savings account indicated below and the depository named below to credit and/or debit the same to such account.

1. Bank Name: _____

City: _____ State: _____ Zip: _____

Bank Telephone # _____

Routing/ABA # _____

Posting Account # _____ Checking or Savings (Circle One)

Amount per Pay Period \$ _____ (Please write "Net Pay" if you want total check amount deposited)

**Please attach deposit slip or voided check for verification.*

2. Bank Name: _____

City: _____ State: _____ Zip: _____

Bank Telephone # _____

Routing/ABA # _____

Posting Account # _____ Checking or Savings (Circle One)

Amount per Pay Period \$ _____ (Please write "Net Pay" if you want total check amount deposited)

**Please attach deposit slip or voided check for verification.*

This authority is to remain in full force and effect until the Town of Westerly/Westerly Public Schools has received written notification from me of its termination in such time and in such manner as to afford the Town of Westerly/Westerly Public Schools and Depository a responsible opportunity to act on it.

Signature: _____ Date: _____

**Allow up to two (2) pay periods for this to take effect.*