



TOWN OF MILFORD MASSACHUSETTS

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Please print legibly or type

EMPLOYEE INFORMATION

Employee Name: _____

Department: _____

Last 4 digits of Social Security Number: _____

DIRECT DEPOSIT INFORMATION (fill in as necessary)

INSTRUCTIONS: Direct deposits are distributed to accounts in order of the priority starting with priority "NET" which is the designated account to receive any excess funds left over after all direct deposits are processed.

** If you are adding a new account, please list this along with all existing accounts in the order of priority. **

Priority	Amount	Name of Financial Institution	Transit Routing #	Account #	Checking or Savings Account	Leave Alone	New	Change	Delete
NET (1)	\$ Net/Total Amount	_____	_____	_____	<input type="radio"/> C <input type="radio"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	\$ _____	_____	_____	_____	<input type="radio"/> C <input type="radio"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	\$ _____	_____	_____	_____	<input type="radio"/> C <input type="radio"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	\$ _____	_____	_____	_____	<input type="radio"/> C <input type="radio"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE & ATTESTATIONS

Complete, Sign and Return to either the Benefits or Treasurer's Office | School Employees: Complete, Sign and Return to Central Office.

- ☐ I have attached account documentation either a voided check, direct deposit form, deposit ticket or proof of savings account from my bank.
- ☐ I choose to receive my weekly or bi-weekly payroll advice through my **Town of Milford** issued email address, which is _____.
No paper copy will be issued to me by my employer.
- ☐ I hereby authorize my employer, the Town of Milford, to deposit my net pay and additional distributions, if any, to the financial institution(s) listed above. The Town of Milford, through the Treasurer's Office, is also authorized by me to debit any over-deposit or error, which has been made to my account. The Town Treasurer or the employee may amend this authorization at any time with proper notice to the Benefits or Treasurer's Office.

Employee Signature: _____ Date: _____

Phone #: _____



****Staple Voided Check In This Box or Attach Required Documentation****

My Name _____		101
My Address _____		
My City, State, Zip _____		Date _____
Pay to the order of _____	\$ _____	
_____ Dollars		
Bank Name _____		
Bank Address _____		
471659165		225466946413
Routing Number		Account Number
		101
		Check Number