

CITY OF SOMERVILLE

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Employee ID	Employee Name (Last, First, M.)	Department
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Action	Priority # <small>(e.g. 1, 2...99)</small>	Financial Institution	Bank Routing Number	Account Number	Deposit Type	Account Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel					<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent % _____ <input type="checkbox"/> Net	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

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<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel					<input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Percent % _____ <input type="checkbox"/> Net	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

FOR CHECKING ACCOUNTS, PLEASE ATTACH A VOIDED CHECK TO THIS FORM. FOR SAVINGS ACCOUNTS, ATTACH WRITTEN NOTIFICATION FROM THE FINANCIAL INSTITUTION WITH ROUTING (ABA) NUMBER AND ACCOUNT NUMBER (DO NOT ATTACH A DEPOSIT SLIP)

I hereby authorize the city of Somerville to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account(s) at the financial institution(s) (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any entries indicated by the City of Somerville to my account(s).

In the event that the City of Somerville deposits funds erroneously into my account(s), I authorize the City of Somerville to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the City of Somerville has received written notice from me of its termination in such time and in such manner as to afford the City of Somerville and the Bank reasonable opportunity.

Employee Signature _____

Date _____