



Direct Deposit Authorization Form

Employee Name: _____ Social Security Number _____ - _____ - _____

_____ New Payroll Deposit _____ Change Deposit Information

Complete Section 1 & 2 as applicable

Section 1 – Checking Account: ATTACH A VOIDED CHECK

Bank Name: _____

Bank Address (City, State): _____

Routing Number: _____ Account Number: _____

I wish to deposit \$ _____ .00 or _____ Entire Net Pay

Section 2 – Savings Account:

Bank Name: _____

Bank Address (City, State): _____

Routing Number: _____ Account Number: _____

I wish to deposit \$ _____ .00 or _____ Entire Net Pay

I hereby authorize the Town of Marion to deposit my net pay at the financial institution named above. I understand that the Town of Marion may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above-named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution. It is understood that this agreement may be terminated by me, at any time by written notification to the Town of Marion. Any such notification to the Town of Marion shall be effective only with respect to entries initiated by the Town of Marion after receipt of such notification and reasonable opportunity to act on it. Any such notification to the Bank by the employee is unacceptable. The Bank may terminate this agreement by written notice to the employee for just cause.

Employee Signature: _____ Date: _____

Payroll Signature: _____ Date: _____