

Town of Cumberland

Direct Deposit Authorization

I hereby authorize the Town of Cumberland to automatically deposit any funds owed to me to my Account at the Bank/Depository Financial Institution(s) named below. In the event of an overpayment or payment in error, I authorize the Town to charge my account only for the purposes of correcting an erroneous credit previously deposited to my Account. I understand that this agreement may be terminated by me or by the Town at any time. Any such notification requires a reasonable amount of time to act upon it.

Bank Name	ABA/Routing #	Account #	Amount
			\$ OR %

PRIMARY ACCOUNT:

<input type="radio"/> Checking	<i>100%, or balance remaining after deposits to other accounts below</i>	
<input type="radio"/> Savings		

OTHER ACCOUNTS:

<input type="radio"/> Checking		
<input type="radio"/> Savings	\$	OR
<input type="radio"/> Checking		
<input type="radio"/> Savings	\$	OR
<input type="radio"/> Checking		
<input type="radio"/> Savings	\$	OR

PLEASE ATTACH COPY OF VOIDED CHECK HERE

Pay to the order of:	DATE:	
Pay to:		
The Bank Name:		
Address:		
Phone Number:		
ABA/Routing Number:		
Check Number:		Account Number:

ABA/Routing # is always 9 digits
Check # is sometimes on the right end instead of in the middle

Employee Printed Name	Date
Employee Signature	