



Town of Duxbury

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the Town of Duxbury to initiate automatic deposits of my pay to the financial institution(s) named below. I have attached a voided check for each account specified below. This agreement will remain in effect until the Town of Duxbury receives written notice from me of its termination or change. I grant the Town of Duxbury the right to correct any Electronic Funds Transfer resulting from an erroneous payment by debiting my account to the extent of such overpayment.

Further, I agree not to hold the Town of Duxbury responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Please choose (A) Single or (B) Multiple Account Deposit

[A] ☐ DEPOSIT ENTIRE AMOUNT TO THE FOLLOWING ACCOUNT:

Name of Financial Institution:

TRANSIT/ABA Routing Number:

Account Number:

Checking
☐

Savings
☐

[B] ☐ DEPOSIT \$_____ AMOUNT TO THE FOLLOWING ACCOUNT:

Name of Financial Institution:

TRANSIT/ABA Routing Number:

Account Number:

Checking
☐

Savings
☐

[B] AND THE REMAINING AMOUNT TO THE FOLLOWING ACCOUNT:

Name of Financial Institution:

TRANSIT/ABA Routing Number:

Account Number:

Checking
☐

Savings
☐

Signature

PRINT NAME:

DEPARTMENT ID:

Authorized Signature:

DATE:

Please attach a voided check and return this form to the Payroll Department.