



Authorization for Direct Deposit- Employee Form

Employee Name: _____

Email Address: _____

This authorizes the Town of Edgartown to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below. This authorizes the financial institution holding the account to post all such entries.

Account #1

Account #1 Type (check one): Checking Savings

Bank Name: _____

Bank Address: _____

Bank Routing #(ABA#): _____ Account #: _____

Percentage or Dollar Amount to be Deposited to This Account: _____

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Bank Name: _____

Bank Address: _____

Bank Routing #(ABA#): _____ Account #: _____

**Employees must attach verification for each of their accounts
to help confirm account numbers and bank routing numbers.**

**Please attach verification for each account here.
i.e. voided check, bank ID card or screenshot photo**

Please note: There is a TWO WEEK DELAY before your direct deposits will be activated. **In most cases, this means you will receive a physical check for one pay period before the direct deposits start to go through.**

This authorization will be in effect until the Town of Edgartown receives a written termination notice from the employee and has a reasonable opportunity to act on it.

Signature: _____

Printed Name: _____ Date: _____