

TOWN OF HOLDEN
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
TO ALL BANKS AND CREDIT UNIONS

Employee Name: _____ **Dept.:** _____

(Please Print)

Personal Email Address: _____

Direct Deposit Agreement

(Please Check Box)

New ☐ **Change** ☐ **Cancel** ☐
(a change in the agreement will replace all prior agreements)

Name of Financial Institution	Routing Number	Account Number	Amount or Percentage
1.	# _____	# _____ Checking* <input type="checkbox"/> Savings <input type="checkbox"/>	\$ _____ % _____
2.	# _____	# _____ Checking* <input type="checkbox"/> Savings <input type="checkbox"/>	\$ _____ % _____

(*Please attach a voided check or bank letter)

I hereby authorize the Town of Holden to deposit my net pay at the financial institution named above. I understand that the Town of Holden may cause my account to be adjusted 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 Holden. Any such notification to the Town of Holden shall be effective only with respect to entries initiated by the Town of Holden after receipt of such notification and a reasonable opportunity to act on it. Any such notification of the receiving Bank by the employee is unacceptable. Any receiving Bank may terminate this agreement by written notice to employee for just cause.

Signature _____ **Date** _____