

## TOWN OF NEEDHAM

Norfolk County Massachusetts

Needham Town Hall – Accounting Division Attn: Payroll Coordinator

1471 Highland Avenue Needham, MA 02492 TEL: 781-455-7500 x221

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Before completing this form, please read the information and make sure you understand the terms and conditions of the agreement. Fill in the information below and sign the form. Return the form to the Town of Needham, Accounting Office, Town Hall, 1471 Highland Avenue, Needham, Massachusetts 02492.

I/We hereby authorize the Town of Needham to initiate an automatic deposit to my/our account at the financial institution named below. I/We also authorize the Town of Needham to make withdrawals from this account in the event that a credit entry is made in error.

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

This agreement will remain in effect until the Town of Needham receives a written notice of cancellation from me/us or my/our financial institution, or until I/we submit a new direct deposit form to the Town of Needham, Accounting Office. I/We understand that the initiation or the requested change may take two to four week.

Account Type:	Checking Savings
(Nine numbers directly preceding Account Number	_
Date:	
Joint Account Holder Signature (if any):	
	(Nine numbers directly preceding Account Number

A voided <u>check</u> or <u>printed account information statement</u> provided by your financial institution <u>MUST</u> be attached to this form in order to participate in the direct deposit program. The attachment must have the financial institution's routing number and your account number printed on it.

signature for the purposes of validity, enforcability and admissibility