Town of Norwell

Direct Deposit Authorization

EMPLOYEE NAME: _____

I hereby authorize the Town of Norwell, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my account(s) indicated below, at the bank(s) indicated below, to credit and or debit the same to such account(s) each pay period*.

1. **Name of Bank:** _____

   Transit ABA Number: _____
   (Nine-digit Transit/ABA Number that identifies the employee's bank)

   Checking Account Deposit Number: _____
   - Must attach preprinted voided check

   ☐ **Deposit Type** Full Net Deposit *or* Partial Deposit Amount: $ _____

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2. **Name of Bank:** _____

   Transit ABA Number: _____
   (Nine-digit Transit/ABA Number that identifies the employee's bank)

   Checking Account Deposit Number: _____
   - Must attach preprinted voided check

   ☐ **Deposit Type** Full Net Deposit *or* Partial Deposit Amount: $

   ****

3. **Name of Bank:** _____

   Transit ABA Number: _____
   (Nine-digit Transit/ABA Number that identifies the employee's bank)

   Checking Account Deposit Number: _____
   - Must attach preprinted voided check

   ☐ **Deposit Type** Full Net Deposit *or* Partial Deposit Amount: $ _____

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Signature of Employee: _____ **Date:** _____