

DIRECT DEPOSIT AUTHORIZATION

I. ACTION

New/Continued Service Change to Service Terminate Service

Seasonal Employees/Rehires – indicate whether or not to continue payroll direct deposit by checking:

- New/Continued Service if information is the same as last year
- Change to Service if information has changed and complete this form
- Terminate Service to begin receiving checks

II. EMPLOYEE INFORMATION

Name *(Please Print)* _____

Social Security Number _____

III. BANKING INFORMATION

Bank # 1 Name _____ City/Branch _____

Amount \$ _____

ABA Routing/Transit # | : _ _ _ - _ _ - _ | :

Type of Account: Checking Account Savings Account

Account Number _____

Bank # 2 Name _____ City/Branch _____

ABA Routing/Transit # | : _ _ _ - _ _ - _ | :

Type of Account: Checking Account Savings Account

Account Number _____

IV. SIGNATURE

I AUTHORIZE UPPER DUBLIN TOWNSHIP TO AUTOMATICALLY DEPOSIT ANY PAYROLL AMOUNTS OWED TO MY BANK ACCOUNT LISTED ABOVE.

I AUTHORIZE UPPER DUBLIN TOWNSHIP TO DEBIT MY ACCOUNT FOR THE PURPOSE OF CORRECTING ANY ERRONEOUS CREDIT PREVIOUSLY INITIATED TO MY ACCOUNT PROVIDED THAT THE TOWNSHIP HAS NOTIFIED ME IN WRITING OF SUCH ADJUSTMENT AND THE REASON THEREFORE.

I UNDERSTAND THAT UPPER DUBLIN TOWNSHIP OR I MAY TERMINATE THIS AGREEMENT AT ANY TIME BY WRITTEN NOTICE.

Authorized Signature

Date

NOTE: PLEASE PROVIDE A DEPOSIT SLIP OR A VOIDED CHECK.