



Direct Deposit Agreement Form

Employee Name _____

Authorization Agreement

I hereby authorize Town of Middleton to initiate automatic deposits to my account at the financial institution named below. I also authorize Town of Middleton to make withdrawals from this account in the event that a credit entry is made in error.

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

This agreement will remain in effect until Town of Middleton receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

_____ New

_____ Change

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

E-mail Authorization

I hereby authorize the Town of Middleton to e-mail my Direct Deposit advice to the following email address

Primary Address _____

Alt Address (optional) _____

Password is the last four digits of your social security number

Signature

Authorized Signature (Primary): _____ Date: _____

Please attach a voided check and return this form to the Payroll Department