



# *The* TOWN OF NORWOOD

*Commonwealth of Massachusetts*

TREASURE AND COLLECTOR  
ROBERT MARSH

ASSISTANT TREASURER  
EILEEN P. HICKEY

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT**

**I HEREBY AUTHORIZE THE TOWN OF NORWOOD TO DEPOSIT ANY AMOUNTS OWING TO ME TO MY ACCOUNT AND BANK INDICATED BELOW, OR TO CHARGE MY ACCOUNT FOR A DEPOSIT MADE IN ERROR.**

**IT IS UNDERSTOOD, THAT THIS AGREEMENT MAY BE TERMINATED BY ME AT ANY TIME BY WRITTEN NOTIFICATION TO MY EMPLOYER. THIS NOTIFICATION SHALL TAKE EFFECT ONLY FOR DEPOSITS MADE BY MY EMPLOYER AFTER RECEIPT OF SUCH NOTIFICATION AND AFTER A REASONABLE OPPORTUNITY TO ACT ON IT.**

1. EMPLOYEE NAME: \_\_\_\_\_
2. SOCIAL SECURITY NO. \_\_\_\_\_
3. BANK NAME: \_\_\_\_\_
4. BANK TRANSIT NO. \_\_\_\_\_
5. BANK ACCOUNT NO. \_\_\_\_\_
6. CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_
7. ACTIVE EMPLOYEE \_\_\_\_\_ RETIREE \_\_\_\_\_
8. ID NO. \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**FOR CHECKING AUTOMATIC DIRECT DEPOSIT  
PLEASE INCLUDE A VOIDED BLANK CHECK.**