

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I hereby authorize **THE TOWN OF EASTCHESTER** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Checking or Savings Account** indicated below and the bank name below:

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT # _____ TRANSIT/ABA # _____

CHECKING

SAVINGS

This authority is to remain in full force and effect until THE TOWN OF EASTCHESTER has received written notification from me of its termination in such time and in such manner as to afford THE TOWN OF EASTCHESTER and BANK a reasonable opportunity to act on it.

I understand that I will no longer receive paychecks from the TOWN OF EASTCHESTER and that all earnings for personal services will be credited to my account in a single entry each payday.

The Town reserves the right to make all last pay check with the TOWN OF EASTCHESTER as regular checks and not direct deposit.

PRINT NAME _____

SIGNATURE _____ DATE _____

PLEASE ATTACH A BLANK VOIDED CHECK/SAVINGS DEPOSIT TICKET