

DIRECT DEPOSIT AUTHORIZATION FORM

(No more than two deposit accounts may be set up.)

****NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT****

TO BE COMPLETED BY EMPLOYEE:

I hereby authorize City of Claremont, NH to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

EMPLOYEE NAME: _____ - _____ - _____
(Please print your name as it appears on your account) (Social Security #)

 New Enrollment Cancel Enrollment Change in Deposit Information

ACCOUNT TYPE: Checking (If checking/attach voided check) Savings

FROM: AMOUNT: \$ _____ or/ NET _____

TO: AMOUNT: \$ _____ or/ Net _____

BANK: _____ TELEPHONE #: (____) _____ - _____

ACCOUNT #: _____ BANK ROUTING _____

 New Enrollment Cancel Enrollment Change in Deposit Information

ACCOUNT TYPE: Checking (If checking/attach voided check) Savings

FROM: AMOUNT: \$ _____ or/ NET _____

TO: AMOUNT: \$ _____ or/ Net _____

BANK: _____ TELEPHONE #: (____) _____ - _____

ACCOUNT #: _____ BANK ROUTING _____

EMPLOYEE ACKNOWLEDGEMENT

The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it. The City of Claremont reserves the right under NACHA rules to request a reversal within five days of the original deposit date in cases of duplicate payments or erroneous payments.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY PAYROLL ENTERED: _____ PRENOTE DATE: _____;