

Direct Deposit Form
TOWN OF MIDDLETON

EMPLOYEE : _____

SSN: _____

I authorize the Town of Middleton to automatically deposit my net payroll check to the account I established at the Depository Financial Institution indicated below.

I understand that this agreement may be terminated by me or by the Town of Middleton at any time by written notification. Any such notification requires a reasonable amount of time for the Town and Bank to act upon.

I authorize the Town of Middleton to charge my account only for purposes of correcting an erroneous credit previously deposited to my account proved that prior to the debit the Town of Middleton has notified me either personally or in writing of the reason for the debit

Bank: _____

Routing #: _____

Account #: _____

Type: _____ Checking _____ Savings

Signature: _____ Date: _____

Is this change to a current authorization? Yes No

DIRECT DEPOSIT ACCOUNT VERIFICATION

Please attach a void check or deposit slip in this area so that we may verify your routing and account numbers.