



Town of Medway

HUMAN RESOURCES DEPARTMENT

155 VILLAGE STREET

MEDWAY, MA 02053

TELEPHONE (508) 533-3294,

FACSIMILE (508) 321-4940

Direct Deposit Agreement Form

Authorization Agreement

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

Further, I agree not to hold **the Town of Medway** 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 **the Town of Medway** 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

Employee Name: _____

Email Address (for electronic pay stub delivery): _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking
☐

Savings
☐

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

☐ Signature verified by _____ Date: _____

Please attach a voided check or deposit slip and return this form to the HR Department.