

TOWN OF BISCOE DIRECT DEPOSIT AUTHORIZATION

Authorization Agreement for Automatic Deposits

Name: _____

Social Security # _____

Please deposit my check directly into the following: (attached is a copy of a voided check for my checking account and savings account.) Your entire check must be direct deposited.

Name of Bank: _____

Bank Routing Number# _____

Checking Account Number # _____

Savings Account Number # (if applicable) _____

	CHECKING	SAVINGS
100% (check one)	<input type="checkbox"/>	<input type="checkbox"/>
Partial (must equal 100%) Example	<hr style="width: 50%; margin: auto;"/> 99%	<hr style="width: 50%; margin: auto;"/> 1%

I authorize the Town of Biscoe to credit my account for Direct Deposit of my payroll funds and if necessary, to initiate debt entries or adjustment credits for credits made in error (debits and credits). Terms: I understand it is my responsibility to always open my bank account online and verify that my check has been direct deposited and that the amount is correct. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

Employee Printed Name _____

Employee Signature _____

Date _____

**ATTACH A VOIDED CHECK (A DEPOSIT SLIP CANNOT BE ACCEPTED)
WE CAN ACCEPT A NOTE FROM THE BANK ON THEIR LETTERHEAD WITH THE
BANK ROUTING NUMBER AND YOUR BANK ACCOUNT NUMBER(S)**

