## Town of Andover Direct Deposit Agreement Form

# Town of Andover

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Authorization Agreement | | | | | | | |
| I hereby authorize **Town of Andover** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Town of Andover**  to make withdrawals from this account in the event that a credit entry is made in error.  Further, I agree not to hold Town of Andover **Town of Andover** 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 Town of Andover 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.  My account will remain subject to its individual terms and conditions, which are not modified by this authorization. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I understand that this authorization will remain in full force and effect until the termination date stated above or until **Town of Andover** has received written notification from of its termination in such time and in such manner as to afford **Town of Andover** a reasonable opportunity to act on it. | | | | | | | |
| Account Information | | | | | | | |
| Name of Financial Institution: | |  | | | | | |
| Routing Number: |  | | |  | | | |
| Account Number: |  | | | Checking | | Savings | |
|  | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of Financial Institution: | |  | | | | Routing Number: |  | |  | | | Account Number: |  | | Checking | Savings | | | | | | | | |
|  | | | | | | | |
| Signature | | | | | | | |
| Authorized Signature (Primary): | | |  | | Date: | |  |
| Print Name(Primary): | | |  | |  | |  |
| Authorized Signature (Joint): | | |  | | Date: | |  |
| Print Name(Joint): | | |  | |  | |  |
| Please attach a voided check or deposit slip and return this form to the Payroll Department. | | | | | | | |