

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEPOSITS
BETWEEN THE TOWN OF PHILLIPSTON AND THE EMPLOYEE

NOTE: The TOWN relies upon the accuracy of the information you provide below and is not responsible for errors due to incorrect information supplied to the TOWN.

I authorize the TOWN OF PHILLIPSTON to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, to my checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

***** Please PRINT all information *****

CIRCLE ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

Please attach a VOIDED check if using a checking account

BANK NAME: _____

TRANSIT/ABA #: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until the TOWN OF PHILLIPSTON has received written notification from me of its termination in such time and in such manner as to afford the TOWN OF PHILLIPSTON and DEPOSITORY a reasonable time to act on it.

PRINTED NAME: _____

SIGNATURE: _____

OFFICE USE

EMPLOYEE #: _____

RECEIVED BY: _____

DATE ENTERED INTO COMPUTER: ____/____/____

PRENOTE DATE: ____/____/____

LIVE DATE: ____/____/____