



Town of Andover

Employee Direct Deposit Enrollment Form

Important – Please read before completing and submitting:

I hereby authorize the Town of Andover (Hereinafter “Town”) to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institution(s) (hereinafter “Bank”) indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Town to my account. In the event that the Town deposits funds erroneously into my account, I authorize the Town to debit my account for an amount not to exceed the original amount of the erroneous credits.

This authorization is to remain in full force and effect until the Town and Bank have received written notice from me of its termination in such time and in such manner as to afford the Town and Bank reasonable opportunity to act on it.

Instructions

1. Fill in **All** information requested below.
2. Attach a copy of a deposit slip for each savings account.
3. Attach a **VOIDED** check for each checking account.

Banks require one pre-notification for a payroll. You will receive a paycheck during this test period

Type of Account	Bank Account Number	Routing/Transit Number	Financial Institution (“Bank”) Name	I wish to deposit (check one)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay

Employee Name (Please print): _____

Employee Signature: _____ Date: _____

Notice: Banks require one payroll pre-notification. You will receive a check during this test period.

During the holiday weeks, direct deposit could be delayed until Friday:

OFFICE USE ONLY	
Employee #	Pre-note scheduled for:
Bank Code #	Verified Routing Number: