

**TOWN OF NORTHFIELD
DIRECT DEPOSIT OF PAYROLL**

New Request

Change

Cancel

I, _____
(Print name)

Social Security # _____, hereby request and
authorize my employer, the Town of Northfield to make a direct deposit of the amount
designated to the bank listed below:

Bank Name: _____

Account:		
Checking*	Acct. No. _____	Amount \$ _____
Savings**	Acct. No. _____	Amount \$ _____
Other	Acct. No. _____	Amount \$ _____

Transit or ABA # _____

* Please attach voided check or copy of check

** If a savings account, please get ABA # from your bank

I agree that if an unearned or erroneous payment is credited to my account by my employer, I will immediately notify and promptly repay the employer the full amount of such unearned or erroneous pay.

I understand that the employer reserves the right to reject my election of this method of payment or to cancel it at anytime. I have the right to cancel this agreement at any time by written notice to my employer and I understand that it will take a reasonable period of time for the cancellation to be effective.

Employee
Signature: _____ Date: _____

Cancellations: I wish to cancel my direct deposit of payroll participation.

Employee
Signature: _____ Date: _____