

ELECTRONIC CHECK DEPOSIT **AUTHORIZATION**

I hereby authorize the Town of Milford to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry errors to my account(s) indicated below and the depository named below. I further authorize the depository named below to credit and/or debit the same to such accounts. Please note: If you are depositing all of your pay, you may have up to 4 direct deposits. Otherwise, you may only have 2 direct deposits and receive a live check.

DEPOSITORY 1:

NAME of BANK _____

CITY of BANK _____ STATE of BANK _____

ACCOUNT # _____ (attach voided check)

CHECK ONE: [] Checking Account [] Savings account

AMOUNT \$ _____

{ FOR OFFICE USE ONLY: ABA # _____ }

DEPOSITORY 2:

NAME of BANK _____

CITY of BANK _____ STATE of BANK _____

ACCOUNT # _____ (attach voided check)

CHECK ONE: [] Checking Account [] Savings account

AMOUNT \$ _____

{ FOR OFFICE USE ONLY: ABA # _____ }

DEPOSITORY 3:

NAME of BANK _____

CITY of BANK _____ STATE of BANK _____

ACCOUNT # _____ (attach voided check)

CHECK ONE: [] Checking Account [] Savings account

AMOUNT \$ _____

{ FOR OFFICE USE ONLY: ABA # _____ }

DEPOSITORY 4:

NAME of BANK _____

CITY of BANK _____ STATE of BANK _____

ACCOUNT # _____ (attach voided check)

CHECK ONE: [] Checking Account [] Savings

account AMOUNT \$ _____

{ FOR OFFICE USE ONLY: ABA # _____ }

This authority is to remain in full force and effect until the Town of Milford has received written notification from me of termination in such form and in such manner as to afford the Town of Milford and my depository a reasonable opportunity to act upon it.

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____ DATE _____