

PAYROLL DIRECT DEPOSIT AUTHORIZATION
TOWN OF MARSHFIELD

NAME: _____

DATE: _____

DEPT: _____ DAYTIME TEL #: _____ SOC SEC # (last 4 digits): _____

SIGNATURE: _____

- CHECKING ACCOUNT – MUST ATTACH VOIDED CHECK
- SAVINGS ACCOUNT – MUST ATTACH PROOF OF ACCOUNT NUMBER AND ROUTING NUMBER

*****DIRECT DEPOSIT FORM AND DOCUMENTATION MUST BE SUBMITTED IN PERSON TO
ROSIE KAULBFLIESCH AT TOWN HALL*****

*****DIRECT DEPOSITS WILL NOT BE PROCESSED WITHOUT THE PROPER DOCUMENTATION
LISTED ABOVE*****

BANK NAME: _____

ROUTING NUMBER (ABA): _____ ACCOUNT NUMBER: _____

NEW: ☐ CHANGE: ☐ CANCEL: ☐ CHECKING: ☐ SAVINGS: ☐

DEPOSIT ENTIRE NET PAY (OR REMAINING NET PAY): ☐

OR

DEDUCT \$ _____ EACH PAY PERIOD

COMPLETE BELOW ONLY IF YOUR CHECK WILL BE DEPOSITED INTO MORE THAN ONE ACCOUNT

BANK NAME: _____

ROUTING NUMBER (ABA): _____ ACCOUNT NUMBER: _____

NEW: ☐ CHANGE: ☐ CANCEL: ☐ CHECKING: ☐ SAVINGS: ☐

DEPOSIT ENTIRE NET PAY (OR REMAINING NET PAY): ☐

OR

DEDUCT \$ _____ EACH PAY PERIOD