City of Fitchburg

718 MAIN STREET, FITCHBURG, MA 01420

DIRECT DEPOSIT AGREEMENT FORM

Please attach a voided check or bank-provided document with both the routing & account numbers printed on it for all accounts designated on this form and return to the payroll department for processing.

I authorize the City of Fitchburg to initiate automatic deposits and/or withdrawals to correct any overpayments to my account(s) at the financial institution(s) named below. I understand that the City of Fitchburg may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above-named organization harmless for any erroneous deposits or adjustment not caused by the financial institution. I agree not to hold the City of Fitchburg responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until I notify the City of Fitchburg in writing to cancel this authorization, allowing a reasonable opportunity to act upon it.

Employee Name: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type (check one): [ ] Checking [ ] Savings

Type of Deposit: [ ] Full Net Pay [ ] Partial Amount if Partial: $_____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type (check one): [ ] Checking [ ] Savings

Type of Deposit: [ ] Full Net Pay [ ] Partial Amount if Partial: $_____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type (check one): [ ] Checking [ ] Savings

Type of Deposit: [ ] Full Net Pay [ ] Partial Amount if Partial: $_____

Employee Signature: _____ **Date:** _____