

City of Fitchburg



Municipal Offices
718 Main Street
Fitchburg, Massachusetts 01420



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **the City of Fitchburg** to initiate automatic deposits to my account at the financial institution named below. I also authorize **the City of Fitchburg** to make withdrawals from this account in the event you were overpaid incorrectly.

Further, 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 **the City of Fitchburg** receives a written notice of cancellation from me or my financial institution for just cause, or until I submit a new direct deposit form to the Payroll Department. Any such information shall be effective only with respect to entries initiated by **the City of Fitchburg** after receipt of such notification and a reasonable opportunity to act. ANY SUCH NOTIFICATION TO THE FINANCIAL INSTITUTION BY THE EMPLOYEE IS UNACCEPTABLE.

Account Information

Name of Financial Institution: _____
Address of Financial Institution: _____
Routing Number: _____
Account Number: _____

Checking Savings

Signature

Employee Name: (please print) _____
Employee Authorized Signature: _____ Date: _____

Please attach a voided check and return this form to the Payroll Department.