MARLBOROUGH
MASSACHUSETTS

DIRECT DEPOSIT AUTHORIZATION

Name: _____   Department: _____

Position**: _____   Employee ID: _____

- I AUTHORIZE the City of Marlborough to automatically deposit any funds owed to me to my account at the Depository Financial Institution named in the form below.
- I understand that this agreement may be terminated by me or by the City at any time by written notification. Any such notification requires a reasonable time to act upon it.
- I authorize the City to debit my account only for the purposes of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, the City has notified me in writing of the reason for the debit.
- I understand that a new direct deposit request may take up to 3 pay periods to prenote before deposit starts.

Attach here	**Direct Deposit 1** □ New □ Change □ Cancel Bank Name:_____ Routing Number:_____ Account Number:_____ □ Checking □ Savings	□ NET PAY
Attach here	**Direct Deposit 2** □ New □ Change □ Add to Existing □ Cancel Bank Name:_____ Routing Number:_____ Account Number:_____ □ Checking □ Savings	Specify One: _____ $ of Net Pay
Attach here	**Direct Deposit 3** □ New □ Change □ Add to Existing □ Cancel Bank Name:_____ Routing Number:_____ Account Number:_____ □ Checking □ Savings	Specify One: _____ $ of Net Pay

Submit with a VOIDED Check, Savings voucher, or direct deposit letter from your bank/s for all new deposits

Employee Signature:_____   **Date:**   _____

If you would like your direct deposit advise emailed to your personal email please proved the address below:

Personal Email: _____