



City of Marlborough
**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT**

PLEASE PRINT:

Employee Name: _____ **Date:** _____

- ☐ I do **not** wish to sign up for Direct Deposit at this time
- ☐ I wish to sign up for Direct Deposit and receive my statements in paper form
- ☐ I wish to sign up for Direct Deposit and receive my statements via my City email address (if applicable)

I hereby authorize the City of Marlborough to deposit my payroll check to the financial institution(s), account(s) and amount(s) I have listed below. I understand that the City of Marlborough may cause my accounts to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the below listed financial institution(s) harmless of any erroneous deposits or adjustments not caused by the financial institutions.

Bank Name: _____

Transit Routing Number

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TRANSIT

ABA

Your Account Number

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☐ **Checking*** ☐ **Savings** **Deposit Amount:** _____ **Net Check**
_____ **Other Amount \$** _____

*(*A voided check must be attached to this form for all checking accounts.)*

It is understood that this agreement may be terminated by me at any time by written notification to the City of Marlborough. Any such notification to the City of Marlborough shall be effective only with respect to entities initiated by the City of Marlborough after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the receiving Bank by the employee is unacceptable. Any receiving Bank may terminate this agreement by written notice to me for just cause.

Name: _____ **Date:** _____

Signature