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 (only for seasonal or temp employees)

___ 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 ☐☐☐☐☐☐☐☐☐☐☐☐ **Your Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐

TRANSIT **ABA**

_____**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