

Town of Bolton
DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name _____

Employee Department _____

Please check one of the following:

<input type="checkbox"/>	New Authorization
<input type="checkbox"/>	Change Bank Account Info
<input type="checkbox"/>	Change Deposit Amount
<input type="checkbox"/>	Stop Direct Deposit

Primary Account:

Bank Routing Number _____

Account Number _____

Account Type ☐ Checking ☐ Savings

Fixed Amount \$ _____ Percentage _____%

Secondary Account:

Bank Routing Number _____

Account Number _____

Account Type ☐ Checking ☐ Savings

Fixed Amount \$ _____ Percentage _____%

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS

I authorize the Town of Bolton and the bank(s) named above to deposit my net pay directly into my account(s) each payday.

Signature _____

Date: _____

ISTED