

TOWN OF GREENFIELD

Payroll Direct Deposit Authorization Form

Employee Name: _____ Telephone #: _____

Check One: New Change Cancel

Type of Account: Checking Savings

Direct Deposit of: \$ NET PAY

Bank Name: _____

Routing #: _____ Account #: _____

Type of Account: Checking Savings

Direct Deposit Deduction of: \$ _____ (Fixed Dollar Amount)

Bank Name: _____

Routing #: _____ Account #: _____

Type of Account: Checking Savings

Direct Deposit Deduction of: \$ _____ (Fixed Dollar Amount)

Bank Name: _____

Routing #: _____ Account #: _____

I agree that if my employer credits an unearned or erroneous payment to my account, I will immediately repay the employer the full amount of such unearned or erroneous pay.

I further agree that if I do not repay such unearned pay, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by the employer in the collection of such unearned pay, together with the maximum interest or late charges permitted by law.

Employee
Signature: _____ Date: _____

If checking, please attach a voided check or copy of a check