

Town of Salem, New Hampshire
Direct Deposit Enrollment Form
Authorization Agreement for Automatic Deposits

Depository (Bank) Name (primary account): _____

Location: _____ Account type: Checking _____ Savings _____

ABA (Routing) # payroll use _____ Account # _____

SECONDARY ACCOUNTS

Depository (Bank) Name (secondary account): _____

Location: _____ Account Type: Checking _____ Savings _____

ABA (Routing) # _____ Account # _____ Amount: \$ _____

Depository (Bank) Name (secondary account): _____

Location: _____ Account Type: Checking _____ Savings _____

ABA (Routing) # _____ Account # _____ Amount: \$ _____

Depository (Bank) Name (secondary account): _____

Location: _____ Account Type: Checking _____ Savings _____

ABA (Routing) # _____ Account # _____ Amount: \$ _____

Depository (Bank) Name (secondary account): _____

Location: _____ Account Type: Checking _____ Savings _____

ABA (Routing) # _____ Account # _____ Amount: \$ _____

I hereby authorize the Town of Salem, NH to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above and the depositories named above, to credit and/or debit the same to such account(s).

This authority is to remain in full force and effect until the Town of Salem, NH has received written notification from me of its termination in such time and in such manner as to afford the Town and Depository a reasonable opportunity to act on it.

Your Name _____ Employee # (s) _____

Signature _____ Date _____

Direct deposits will begin approximately three (3) weeks after submission of your authorization form (due to the pre-notification process). Regular weekly payrolls will be direct deposited. In the unlikely event of a system problem that could delay or prohibit ACH deposits, payroll will make every effort to notify you as far in advance as possible. Return this completed form to the Payroll Department. If you have any questions please call (603) 890-2045.