

Direct Deposit Form for the Town of Lincoln MA

NEW APPLICATION                      OR                       CHANGE FROM EXISTING BANK

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)  
Town of Lincoln, Massachusetts

I (We) hereby authorize the TOWN of Lincoln to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries made in error to my (our)  
(Select one)

CHECKING                                      OR                                       SAVINGS ACCOUNT

Indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name \_\_\_\_\_  
(Financial institution name)

City \_\_\_\_\_ State \_\_\_\_\_

Transit/ABA No.\* \_\_\_\_\_ Account No. \_\_\_\_\_

**\*(PLEASE USE THE NUMBER ON YOUR CHECK NOT THE DEPOSIT SLIP)**

**You must attach a copy of a VOIDED CHECK. If you submit a DIRECT DEPOSIT FORM from your financial institution you will receive ONE LIVE CHECK after submission of this form.**

\_\_\_\_\_ I hereby authorize the Town of Lincoln to deposit my full check into the account named above.

\_\_\_\_\_ I hereby authorize the Town of Lincoln to deposit \_\_\_\_\_ (dollar amount) into the account named above.

This authority is to remain in full force and effect until the Town of Lincoln has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Town of Lincoln an DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

(Please print)

Signed \_\_\_\_\_ T/C \_\_\_\_\_ Payroll \_\_\_\_\_

Witnessed By \_\_\_\_\_