

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 _____ Branch _____
(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 or a DIRECT DEPOSIT FORM from your financial institution.

_____ 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 _____