



TOWN OF HAMILTON
TOWN HALL
HAMILTON, MASSACHUSETTS 01936

978-468-5575

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____
Please Print

SOCIAL SECURITY # _____ - _____ - _____ EMPLOYEE ID # _____

BANK NAME: _____
Please Print

Checking /
Savings: _____
Transit Number (9 digits) _____ Account Number _____ Dep Net _____
Dep \$ _____

Checking /
Savings: _____
Transit Number (9 digits) _____ Account Number _____ Dep Net _____
Dep \$ _____

*** INCLUDE APPROPRIATE VOIDED CHECK (S) ***

OR

*** INCLUDE STATEMENT FROM BANK FOR SAVINGS ACCOUNT ***

I authorize the Town of Hamilton and the financial institution above to deposit my pay or make any necessary adjustments automatically to my checking and/or savings account:

EMPLOYEE SIGNATURE: _____

DATE: _____