

# TOWN OF PLYMPTON

## DIRECT DEPOSIT AUTHORIZATION FORM

I authorize the Town of Plympton to direct the amounts to the indicated accounts listed below.

Name: \_\_\_\_\_ Emp #: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_  
Checking: \_\_\_\_\_ Amount: \_\_\_\_\_

Savings: \_\_\_\_\_ Amount: \_\_\_\_\_

We require a copy of a cancelled check, not a deposit slip, for checking accounts.  
There may be a 2 week delay before the first transaction.

Employee Signature: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: