



DIRECT DEPOSIT AUTHORIZATION

TOWN OF LEXINGTON

Employee Name: _____

Employee Number: _____

Bank Name: _____

Account Number: _____

Circle One: Savings Checking

Routing Number(ABA): _____

I authorize the "TOWN OF LEXINGTON" to automatically deposit funds owed to me into the bank account named above or to debit my account for incorrect or erroneous deposits previously deposited to my account.

I understand that this agreement may be terminated by me or by the Town at any time by written notification. Any such notification requires a reasonable time to act upon it.

(for internal use only)

Effective Payroll Date
Bank Code

Signature

Date

ATTACH A VOIDED CHECK OR BANK FORM TO THIS FORM

Unsigned or incomplete forms will not be processed and will be returned to you

It will take at least 1 payroll cycle before the direct deposit will become effective, in the meantime you will receive a live ck

Send this completed form to Town Hall "COMPTROLLER'S OFFICE - ATTN: SANDY HART"