

# HARBORFIELDS PUBLIC LIBRARY

Emp.#: \_\_\_\_\_

## DIRECT DEPOSIT AUTHORIZATION FORM

NAME: \_\_\_\_\_

SOCIAL SECURITY # : \_\_\_\_\_

I authorize the Library each payday to deposit my entire paycheck directly to the depository (bank or credit union) account named below. This authority will remain in force until I have given written notification that I have terminated it or until the Library has notified me that it has terminated this service. By signing this form, I and each joint tenant also consent to allow the Library, through the bank, to debit the account in order to recover any incorrect credited amounts to this account. I will notify the Library immediately if I should for some reason close this account.

YOUR ADDRESS: \_\_\_\_\_

DEPOSITORY NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

LOCATION : CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BRANCH: PHONE # \_\_\_\_\_

TRANSIT ROUTING # : \_\_\_\_\_ \*

\* Generally, this is the 9 digit number in the lower left corner of your check or deposit slip. You **MUST** have this number confirmed by your bank or credit union. We recommend that you contact them directly.

### CHOOSE ONE OF THE FOLLOWING:

CHECKING ACCOUNT # : \_\_\_\_\_

OR

SAVINGS ACCOUNT # : \_\_\_\_\_

NAME(S) ON ACCOUNT : \_\_\_\_\_

DATE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

**VERY IMPORTANT:** Please attach a **VOIDED check** or a **Savings Account deposit slip** for the above account depending on the type of account into which you've chosen to make your deposit.