

Town of Warren

Direct Deposit Form

Please complete this form and attach a voided check for each checking account (not a deposit slip). If you wish to deposit to a savings account, please obtain written documentation of your Account Number and Routing/Transit Number from your financial Institution.

Effective Date: _____/_____/_____

Department: _____

Employee Information:

Employee Name: _____

Address: _____

Phone: _____

Deposit Distribution:

PRIMARY

Bank Name: _____

Routing #: _____

Account #: _____

_____ % of check (or) \$ _____ of check

Checking Savings

SECONDARY

Bank Name: _____

Routing #: _____

Account #: _____

_____ % of check (or) Remainder of check

Checking Savings

I hereby authorize my Employer, either directly or through its payroll service provider, to deposit amounts to me by initiating credit entries to the above account(s). In the event that my Employer deposits funds erroneously into my account, I authorize them to debit my account for an amount not to exceed the original amount of the erroneous credit. This will remain in force until my Employer received written notice of the cancellation or change.

Employee Signature: _____ Date: _____

Forms must be submitted to the Warren Town Treasurer's office. Direct Deposit will start the second check being processed in the payroll system. If you have questions, please contact the Treasurer at (413) 436-5700 x113 or Swistak@warren-ma.gov.