



TOWN OF FRAMINGHAM

HUMAN RESOURCES DEPARTMENT

MEMORIAL BUILDING

150 CONCORD STREET

FRAMINGHAM, MA 01702

**Town of Framingham
Authorization Agreement for Direct Deposit
To All Banks and Credit Unions**

Employee Name: _____ Employee Number: _____

I hereby authorize the Town of Framingham to deposit my payroll check to the financial institutions, accounts and amounts I have listed below. I understand that the Town of Framingham may cause my accounts to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the below listed financial institutions harmless of any erroneous deposits or adjustments not caused by the financial institutions.

DEPOSITS LISTED BELOW WILL BE TAKEN IN ORDER.

1) Bank Name: _____																														
Transit Routing Number: <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>											Your Account Number: <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>																			
Checking* _____ Savings _____ <small>(*A voided check must be attached to this form for a checking account.)</small>	Deposit Amount: _____																													
2) Bank Name: _____																														
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It is understood that this agreement may be terminated by me at any time by written notification to the Town of Framingham. Any such notification to the Town of Framingham shall be effective only with respect to the entries initiated by the Town of Framingham after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the receiving Bank by the employee is unacceptable. Any receiving Bank may terminate this agreement by written notice to the Town of Framingham for just cause.

Signature: _____ Date: _____