



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby request and authorize the Town of Norwood to deposit any amounts owing to me to my account and bank indicated below, or to change my account for a deposit made in error.

It is understood, that this agreement may be terminated by me at any time by written notification to my employer. This notification shall take effect only for deposits made by my employer after receipt of such notification and after a reasonable opportunity to act on it.

1. EMPLOYEE NAME: _____
Print Name

2. SOCIAL SECURITY NO. _____

3. BANK NAME: _____

4. BANK TRANSIT/ROUTING NUMBER: _____

5. BANK ACCOUNT NUMBER: _____

6. CHECKING _____ SAVINGS _____

7. ACTIVE EMPLOYEE _____ RETIREE _____

8. ID NO. _____

SIGNED: _____ DATE: _____

FOR CHECKING AUTOMATIC DIRECT DEPOSIT, PLEASE INCLUDE A
"VOIDED BLANK CHECK"