

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYROLL DEPOSITS**

Town of Chelmsford

Tax ID Number: 04-6001112

I hereby authorize the Town of Chelmsford to initiate direct deposit of my payroll checks to my _____ Checking _____ Savings account (select one) indicated below and the depository names below to credit and/or debit the same account.

DEPOSITORY

Name of Bank: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account # _____

This authority is to remain in full force and effect until the Town of Chelmsford has received written notification from me of its termination in such time and in such manner as to afford the Town of Chelmsford and Depository a reasonable opportunity to act on it. **Payroll deposit stubs and W-2 statements will be sent to the Email address listed below.**

Employee Name: _____ Date: _____
(Please Print)

Signature: _____

Telephone Number: (____) _____

Email Address: _____