Town of Madison

BANKING AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL CHECKS

Name: _____ Department: _____

Social Security #: __ __ __ - __ __ - __ __ __ __

I authorize the Finance Department for the Town of Madison to direct deposit my payroll payments to my account at the Bank/Depository designated below. If any overpayment of such payroll is credited to my account in error, I hereby authorize and direct the Bank/Depository to debit my account and to refund such overpayment to the Town of Madison.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Type of Account: ___ Checking ___ Savings

_____ (Attach a voided check here)

Routing Number ***Account Number***

(always 9 digits and may appear at bottom center of check)

Name of bank/depository: _____

9-digit bank routing number: _____ _____ _____ _____ _____ _____ _____ _____ _____

Account number: _____

(include any dashes or spaces which may appear in your account number)

_____ _____ _____

(signature) (date) (daytime phone number)