

*Town of Westford*  
**DIRECT DEPOSIT FORM**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

Please Select One:

- Town of Westford**  
 **Westford Public Schools**

NEW REQUEST: \_\_\_\_\_ CHANGE: \_\_\_\_\_ CANCELLATION: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

I hereby authorize the above, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my: (Please select one)

- CHECKING account     SAVINGS account

Indicated below at the depository named below, hereinafter call DEPOSITORY, to credit and/or debit the same to such account.

\*AMOUNT TO BE DEPOSITED IN THIS ACCOUNT (if not net paycheck): \_\_\_\_\_

\*BANK NAME/DEPOSITORY: \_\_\_\_\_

BRANCH: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\*ROUTING/ TRANSIT NUMBER: \_\_\_\_\_

\*ACCOUNT NUMBER: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY receives written notification from me of its ruminantion in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\*NAME: \_\_\_\_\_ \*SOC. SEC. NUMBER \_\_\_\_\_  
(Please Print)

\*DEPARTMENT: \_\_\_\_\_ \*POSITION: \_\_\_\_\_

\*SIGNED: \_\_\_\_\_ \*DATE:    /    /

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

\* (\* Required Fields)

\* (Please note that it may take up to 2 payroll cycles after the receipt of the authorization for it to take effect.)

\* **Please attach a voided check or deposit slip**