



# TOWN OF WAYLAND

41 COCHITUATE ROAD  
WAYLAND, MASSACHUSETTS 01778

## DIRECT DEPOSIT AUTHORIZATION

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

%/ \$ \_\_\_\_\_ Routing Number (ABA) \_\_\_\_\_ Account Number: \_\_\_\_\_

Circle Bank Type:                  Savings                  Checking

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

%/ \$ \_\_\_\_\_ Routing Number (ABA) \_\_\_\_\_ Account Number: \_\_\_\_\_

Circle Bank Type:                  Savings                  Checking

Request for (check one only):

☐ Initial Request

☐ Change

☐ Cancellation/Discontinue

I authorize the "TOWN OF WAYLAND" to effect this payroll bank request. I understand that this agreement may be terminated by me or the town at any time by written notification. Any such notification requires reasonable time to act upon it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR INITIAL OR CHANGE REQUEST, PLEASE ATTACH A VOIDED CHECK OR LETTER FROM YOUR BANK TO THIS FORM.

Unsigned or incomplete forms will not be processed and will be returned to you.

It will take at least 1 payroll cycle before the direct deposit to become effective, in the meantime you will receive a live check.