



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 One: Savings Checking

%/ \$ _____ Routing Number (ABA) _____ Account Number: _____
(Total must equal 100%)

Circle One: Savings Checking

I authorize the "TOWN OF WAYLAND" to automatically deposit funds owed to me into the bank account named above or to debit my account for incorrect or erroneous deposits previously deposited to my account.

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

**PLEASE ATTACH A VOIDED CHECK OR
LETTER FROM YOUR BANK TO THIS FORM.**

(For internal use)

Effective Payroll Date:

Bank Code:

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

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

Please send this completed form to:

Wayland Town Building
Finance Department, Attention: Payroll
41 Cochituate Road
Wayland MA 01778