

PAYROLL - direct deposits  
**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby authorize the Town of Brunswick, School Department, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my accounts indicated below. I also authorize the depositories indicated below to make the debits and credits authorized by the Town of Brunswick, School Department.

NET PAY DEPOSIT (please check account type):  
checking \_\_\_\_\_ savings \_\_\_\_\_ other (specify) \_\_\_\_\_

Please deposit my full net pay with:

Bank or Credit Union Name: \_\_\_\_\_

Transit No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

DEDUCTION DEPOSIT-optional (please check account type):  
checking \_\_\_\_\_ savings \_\_\_\_\_ other (specify) \_\_\_\_\_

Please deduct \$ from my gross pay and deposit it with:

Bank or Credit Union Name: \_\_\_\_\_

Transit No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

If I do not have sufficient earnings to make this deduction, the Town of Brunswick, School Department, is authorized to reduce it by an amount necessary to ensure that I will have positive net pay for the week.

This authorization replaces any previous authorization I have made and remains in full force and effect until I provide the Town of Brunswick, School Department, with written notification of a change in, or termination of, this authorization and the Town of Brunswick, School Department, and the depositories indicated above have had reasonable time to act on my instructions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK (verification of account numbers)**