



TOWN OF MILLIS

900 Main Street • Millis, MA 02054

Phone: 508-376-7039

Fax: 508-376-0124

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

EMPLOYEE NAME _____ EMP NUMBER _____

I hereby authorize The Town of Millis to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) as listed below:

BANK NAME _____

BANK ADDRESS _____

ROUTING NUMBER _____

CHECKING ACCT NUMBER _____ AMT \$ _____

SAVINGS ACCT NUMBER _____ AMT \$ _____

BANK NAME _____

BANK ADDRESS _____

ROUTING NUMBER _____

CHECKING ACCT NUMBER _____ AMT \$ _____

SAVINGS ACCT NUMBER _____ AMT \$ _____

I authorize the above-listed direct deposit(s). I understand the initial setup for direct deposit will require two pay periods for the direct deposit(s) to be in effect. This agreement will remain in effect until written notification is received from me of its termination in such time to afford The Town of Millis and the said depository a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ DATE _____

**Please return to the Accounting/Finance Office at address or fax listed above.
Any questions, please call 508-376-7039**