

CONFIDENTIAL INFORMATION
DO NOT RELEASE TO UNAUTHORIZED PERSONS

Enter in the requested information. If you regularly pay a certain amount, indicate that amount in the space provided.

Recipient's Name:

Recipient's Address:

City, State:ZIP:

Category:

Usual Payment Amount:

Primary Account

Recipient's Bank Routing Number:

Recipient's Account Number:

Checking Savings

Secondary Account

Recipient's Bank Routing Number:

Recipient's Account Number:

Checking Savings

Amount to put into this Account*:

*Required if using secondary account

I, _____ authorize the Town of Waterboro to electronically deposit \$ _____ (weekly) (monthly) to the above listed (Primary) (Secondary) bank account. Any changes will be made in writing at least 10 days prior to them taking effect. I understand if an error is made or if I terminate my position and am over compensated, the Town of Waterboro has authorization to make the required adjustment to my bank account.

Signature: _____ Date: _____

You may have up to two (2) direct deposits on file. If you would like your entire pay to be deposited electronically, please enter "ALL" on the \$ line above.

PAYROLL DEDUCTION AUTHORIZATION FORM
TOWN OF WATERBORO