

DIRECT DEPOSIT IS MANDITORY

**City of Marlborough
Authorization Agreement for Direct Deposit
To All Banks and Credit Unions**

Employee Name:

Date:

Social Security Number:

I hereby authorize the City of Marlborough to deposit my payroll check to the financial institutions, accounts and amounts I have listed below. I understand that the City of Marlborough may cause my accounts to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the below listed financial institutions harmless of any erroneous deposits or adjustments not caused by the financial institutions.

Bank Name:

Transit Routing Number

Your Account Number

TRANSIT

ABA

Checking

Savings

DEPOSIT AMOUNT: Net Check

(*A voided check must be attached to this form for a checking account.)

It is understood that this agreement may be terminated by me at any time by written notification to the City of Marlborough. Any such notification to the City of Marlborough shall be effective only with respect to entries initiated by the City of Marlborough after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the receiving Bank by the employee is unacceptable. Any receiving Bank may terminate this agreement by written notice to me for just cause.

(Signature Please)