

City of Marlborough

Authorization Agreement for Direct Deposit
To All Banks and Credit Unions

Employee Name: _____ Date: _____

ID#: _____ Social Security Number: _____

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

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.

Name: _____ Date: _____
(Signature, please)