

# Town of Natick

## AUTHORIZED AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

MUNICIPALITY NAME: Town of Natick

I (we) hereby authorize the TOWN OF NATICK, herein called the MUNICIPALITY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) CHECKING (\_\_\_) SAVINGS (\_\_\_) account indicated below at the depository named below, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account.

This authorization is to remain in full force and effect until the TOWN OF NATICK has received WRITTEN notification from me (us) of its termination in such time and in such manner as to afford the TOWN OF NATICK and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE NAME: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a void check to this authorization.**

NOTE: All written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

*DISCLOSURE:* When a HOLIDAY falls on a Monday, there may be a delay in transmitting your funds. Therefore, your funds may not be available until Wednesday at the opening of Business of your bank.

### For Payroll Use Only

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_