

AUTHORIZATION AGREEMENT FOR
DIRECT BANK DEDUCTION

I hereby authorize and request the Town of Swampscott to forward my net pay or the amount specified to the following bank account:

(Please print legibly and clearly)

Employee Information:

Name: _____

Social Security # XXX-XX-_____ Phone Number: _____

Address: _____ **Apt.** _____
(Street, City, State and Zip Code)

Banking Information:

Bank Name: _____

Bank Address: _____
(Street, City, State and Zip Code)

Bank Acct #: _____ **Bank Routing #:** _____

Net Pay _____ **or Deduction Amount: \$** _____

Check ONE Checking Account Savings Account

****** Please contact your bank if you need assistance in obtaining the above information.******

Signature

Date

If you wish to participate in the Direct Deposit benefit offered by the Town of Swampscott, please return this form with, for checking accounts, a voided/canceled check, and for savings accounts, any official documentation having your account number printed on it.

If you do not wish to participate, please do not return this form. Thank You!

Mail or return this completed form to:
Treasurer's Office
22 Monument Avenue Swampscott, MA 01907