

Town of Wakefield

Employee Benefits Office
Town Hall
1 Lafayette Street
Wakefield, MA 01880



Telephone
(781) 246-6396
Fax
(781) 246-2400

DIRECT DEPOSIT AUTHORIZATION GUIDELINES AND AGREEMENT

Please read and complete the entire direct deposit agreement for enrollment.

1. Employees must attach a voided blank check to this authorization form and return it to the Employee Benefits Office located in the Town Hall, 1 Lafayette St., Wakefield, MA 01880
2. Employees will receive a Direct Deposit Non-Negotiable Form(s) instead of payroll check(s) once prenote approval by the bank is completed.
3. Once the employee is enrolled in Direct Deposit, **any and all earnings to be paid to the employee will be Direct Deposited.**
4. Employees who wish to Terminate or Change Direct Deposit must appear in person to the Employee Benefits Office Fourteen (14) days prior to the anticipated check date to complete the proper authorized paperwork.

I authorize the TOWN OF WAKEFIELD to automatically deposit funds owed to me as follows and to make adjustment entries, if necessary, to correct an erroneous credit previously deposited to my account provided that, prior to the debit, the Town of Wakefield has notified me in writing of the reason for the debit.

Employee Name _____ Social Security # _____

PRIMARY DIRECT DEPOSIT

Checking _____ Savings _____ Bank Name _____

Bank Routing # _____ Employee Bank Account # _____

SECONDARY DIRECT DEPOSIT

Checking _____ Savings _____ Bank Name _____

Amount _____

Bank Routing # _____ Employee Bank Account # _____

I have read and understood the Direct Deposit guidelines.

Employee Signature _____ Date _____