



Town of Pembroke Direct Deposit Form

Employee # _____ Department _____

Employee Name _____

Change _____ Addition _____ Cancellation _____

Institution Name _____

Routing Number _____

Account Number _____

Circle One: Checking or Savings _____ Amount _____

Institution Name _____

Routing Number _____

Account Number _____

Circle One: Checking or Savings _____ Amount _____

Institution Name _____

Routing Number _____

Account Number _____

Circle One: Checking or Savings _____ Amount _____

Institution Name _____

Routing Number _____

Account Number _____

Circle One: Checking or Savings _____ Amount _____

I hereby authorize the Town of Pembroke to direct deposit the amounts indicated to the accounts listed above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me. I also understand that I must give the Treasurer's Office at least ten days notice if I wish to terminate this payment designation.

Please attach a voided check for all checking accounts and a letter from your financial institution for all savings accounts

Employee Signature: _____ Date _____

Electronic Pay Advice- Elected _____ Refused _____

Received by Treasurer's Office: _____ Processed Date: _____

NOTE: DIRECT DEPOSIT MAY TAKE 2 TO 4 PAYROLLS TO BEGIN