



### Town of Pembroke Direct Deposit Form

Employee # \_\_\_\_\_ Department \_\_\_\_\_

Employee Name \_\_\_\_\_

Change \_\_\_\_\_ Addition \_\_\_\_\_ Cancellation \_\_\_\_\_

Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Circle One: Checking or Savings \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Circle One: Checking or Savings \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Circle One: Checking or Savings \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Circle One: Checking or Savings \_\_\_\_\_ Dollar 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 note new direct deposit requests may take 2-4 payrolls to go into effect.

**\*\*\*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: \_\_\_\_\_