

TOWN OF RIVERHEAD
EMPLOYEE SAVINGS/CHECKING PLAN
DIRECT DEPOSIT
PAYROLL ALLOTMENT AUTHORIZATION

DATE _____
SOCIAL SECURITY NUMBER _____

EMPLOYEE NAME _____

LOCATION OF ACCOUNT:
DEPOSITORY NAME: _____

BRANCH# _____ CITY _____ STATE _____

TRANSIT ABA# _____
(Please attach a voided check for verification purposes)

TYPE OF ACCOUNT:
 Checking account number _____
 Savings account number _____

TYPE OF TRANSACTION:
 Establish new allotment in the amount of net wages each biweekly pay period
 Establish new allotment in the amount of _____ each biweekly pay period
 Change existing allotment from _____ to _____
 Cancel existing allotment/account number _____

EMPLOYEE AUTHORIZATION:
I hereby authorize the Town of Riverhead hereinafter called THE COMPANY, to initiate (or cancel) credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (or our) account indicated above. Also, the depository names above, hereinafter called DEPOSITORY, to credit and/or debit (or cancel) the same to such account; in accordance with instruction set forth above.

This authority is to remain in full force and effect until the COMPANY and DEPOSITORY has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it. I hereby release and hold harmless the DEPOSITORY AND ORIGINATING DEPOSITORY FINANCIAL INSTITUTION from any claims, loss or damage for any action or inaction with the respect to the foregoing, so long as such action or inaction is done in good faith.

Date

Employee Signature

- Instructions:**
1. Fill out the above clearly and completely
 2. Be sure to check the section for establishing, changing, or canceling an allotment
 3. Read and sign the Employee Authorization
 4. Present this form to your employer with a voided check