Montgomery Township Direct Deposit Authorization

Employee Name: _____

Financial Institutions: <u>**ALL DIRECT DEPOSIT ACCOUNTS MUST BE LISTED**</u>

Financial Institution: _____
Routing Number: _____
Account Number: _____

☐ Savings   ☐ Checking   Amount: $ _____

                                        ☐ Entire Pay

Financial Institution: _____
Routing Number: _____
Account Number: _____

☐ Savings   ☐ Checking   Amount: $ _____

                                        ☐ Remaining Pay

Financial Institution: _____
Routing Number: _____
Account Number: _____

☐ Savings   ☐ Checking   Amount: $ _____

                                        ☐ Remaining Pay

Please Note:
- **Employee is required to be an account holder of all accounts listed.**
- **A voided check or direct deposit letter from your bank is required for each account listed.**
- **All new accounts will go through a prenote (a zero dollar test) to validate the bank account information. The Employee will receive a live check for the first pay period and direct deposit will begin thereafter.**

Signature:

I hereby authorize **Montgomery Township** to initiate credit entries (deposit) and to initiate, if necessary, debit entries (withdrawal) and adjustments for any credit entries in error to my account indicated above and the depository named above, to credit and/or debit the same such account.

Employee Signature:_____ **Date:** _____