



Direct Deposit

Employee Name: _____ Employee Number: _____

I hereby authorize the Town of North Providence to deposit my payroll check to the financial institution(s), accounts(s) and amount(s) I have listed below. I understand the Town of North Providence may cause my accounts to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the below listed financial institutions harmless of any erroneous deposits or adjustments not caused by the financial institutions.

***Please attach a voided check or a bank direct deposit form when submitting this to HR.**

1) Bank Name: _____

Transit Routing Number:

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Your Account Number:

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Checking*: _____ Savings: _____ Deposit Amount: _____

2) Bank Name: _____

Transit Routing Number:

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Your Account Number:

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Checking: _____ Savings: _____ Deposit Amount: _____

It is understood that this agreement may be terminated by me at any time by written notification to the Town of North Providence. Any such notification to the Town of North Providence shall be effective only with respect to the entries initiated by the Town of North Providence after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the receiving Bank by the employee is unacceptable. Any receiving Bank may terminate this agreement by written notice to the Town of North Providence for just cause.

Signature: _____ Date: _____

