

**TOWN OF DUDLEY
MASSACHUSETTS**



DUDLEY MUNICIPAL COMPLEX; 71 WEST MAIN STREET; DUDLEY, MA 01571-3264

Please Print or Type:

NAME: _____
FIRST MIDDLE INITIAL LAST

DIRECT DEPOSIT of PAY

I hereby authorize the TOWN OF DUDLEY to deposit my net pay via electronic funds transfer to my bank account at the financial institution of my choice as indicated below. The deposits will be automatic and will continue on each payday until I instruct otherwise in writing. If an incorrect deposit should be made to my account, I authorize the Town of Dudley to direct the bank to return said funds. The Town of Dudley will notify me of such action.

Please direct the deposit of my pay in the following manner:

Bank/Branch _____
Routing Number _____
Account Number _____
This account is Checking Savings Amount _____

Additionally, please deposit a fixed amount to the following accounts:

Bank/Branch _____ Amount _____
Routing Number _____
Account Number _____
This account is Checking Savings

Bank/Branch _____ Amount _____
Routing Number _____
Account Number _____
This account is Checking Savings

(USE ADDITIONAL FORM FOR MORE ACCOUNTS)

**PLEASE ATTACH A VOIDED CHECK OR VERIFICATION OF ACCOUNTS
WITH BANK ROUTING AND ACCOUNT NUMBERS**

Signature _____ Date _____