



TOWN OF HOPKINTON
One Town House Road
Hopkinton, Rhode Island 02833

PAYROLL DIRECT DEPOSIT AUTHORIZATION

Customer Information

Employee: _____

Address: _____

City/State/Zip: _____

Phone: _____

Direct Deposit Request & Authorization

From my net pay each pay period, I hereby authorize and request you to deposit:

<u>Type</u>	<u>Account#</u>	<u>ABA Number</u>	<u>Amount</u>
Checking:	_____	_____	_____
Savings:	_____	_____	_____

This authorization may be cancelled at any time by notification to the Town. Any such notification shall be in writing and become effective only after the Town has had reasonable time to act upon it.

→ _____
Employee Signature

Date

Payroll Direct Deposit Cancellation

Please cancel direct deposit from my net pay.

Employee Signature

Date