

# FALMOUTH PUBLIC SCHOOLS – Direct Deposit Authorization

If the deposit is to be made to: a CHECKING ACCOUNT – please attach a voided check. SAVINGS ACCOUNT – please attach statement from bank with Bank Transit and Account Number.

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Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security # \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Email address (if different than school account) \_\_\_\_\_

Start Deduction       Change Deduction       Stop Deduction

**I am paid:**       Weekly       Bi-Weekly       Monthly

My employer **TOWN OF FALMOUTH** is hereby authorized to deduct a total amount of \$ \_\_\_\_\_ (indicate net pay to deposit your entire paycheck) from my wages each pay period until further notice. My employer is also authorized to reverse any deposit made in error to my account through the company direct deposit program.

**I would like to credit the following accounts: (you can have more than one account, just indicate amount in each)**

	Bank Name	Bank Transit #	Account #	Amount
<input type="checkbox"/>	Checking _____	_____	_____	\$ _____
<input type="checkbox"/>	Savings _____	_____	<b>S</b> _____	\$ _____

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Employee's Signature \_\_\_\_\_

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Employee's ID # \_\_\_\_\_

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Date \_\_\_\_\_