



# CITY OF WESTFIELD

PERSONNEL DEPARTMENT

59 COURT STREET

WESTFIELD MA 01085

## Direct Deposit Authorization Agreement & Change Form

I authorize and request the City of Westfield to make the indicated direct deposit(s) into my account(s) to the Depository Financial Institution(s) listed below. I understand this agreement is voluntary and may be terminated by me or the City of Westfield at any time by written notice. Any such notification requires a reasonable time to be acted upon but should not exceed thirty (30) calendar days.

I authorize the City of Westfield to debit my account(s) only for the purpose of correcting an erroneous credit previously initiated to my account(s). Notifications of any correcting debits and credits will be communicated to me through my respective payroll clerk in charge of my payroll.

I hold the City of Westfield harmless in the event amounts owed to me are not deposited electronically due to administrative circumstances by the City of Westfield or by any or all departments of the City of Westfield and by the depository financial institutions used to process the voluntary request. Further, any liability of these institutions, including the City of Westfield, shall be limited to the amounts owed me.

**You must attach a document from your bank (statement, check, etc.) that provides the correct account number in the proper format.**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DEPT: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>CHECK ACTION (ON RIGHT) &amp; DEPOSIT ACCOUNT(S) (BELOW):</b>	<b>INITIAL REQUEST</b> <input type="checkbox"/>	<b>CHANGE BANK/ACCOUNT/AMOUNT</b> <input type="checkbox"/>	<b>STOP DIRECT DEPOSIT</b> <input type="checkbox"/>
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### #9900 – PRIMARY DIRECT DEPOSIT AUTHORIZATION / ACCOUNT:

<b>FINANCIAL INSTITUTION NAME &amp; ADDRESS</b>	
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<b>BANK ROUTING #</b>	<input type="text"/>	<b>ACCOUNT #</b>	<input type="text"/>
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<b>CHECKING (C)OR SAVINGS (S)</b>	<input type="checkbox"/>	<b>DEDUCTION AMOUNT PER BIWEEKLY PERIOD</b>	<input type="text"/>	<b>100% of remaining NET PAY</b>
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### #9901 – CREDIT UNION DEPOSIT AUTHORIZATION / ACCOUNT: (optional)

<b>FINANCIAL INSTITUTION NAME &amp; ADDRESS</b>	POLISH NATIONAL CREDIT UNION
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<b>BANK ROUTING #</b>	2 1 1 8 8 2 0 9 1	<b>ACCOUNT #</b>	<input type="text"/>
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<b>CHECKING (C)OR SAVINGS (S)</b>	<input type="checkbox"/>	<b>DEDUCTION AMOUNT PER BIWEEKLY PERIOD</b>	<input type="text"/>
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### #9902 – SECONDARY DEPOSIT AUTHORIZATION / ACCOUNT: (optional)

<b>FINANCIAL INSTITUTION NAME &amp; ADDRESS</b>	
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<b>BANK ROUTING #</b>	<input type="text"/>	<b>ACCOUNT #</b>	<input type="text"/>
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<b>CHECKING (C)OR SAVINGS (S)</b>	<input type="checkbox"/>	<b>DEDUCTION AMOUNT PER BIWEEKLY PERIOD</b>	<input type="text"/>
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