DIRECT DEPOSIT CANCELLATION

Town of Seekonk

I (We) hereby authorize the Town of Seekonk to cancel the below listed Direct Deposit:

(PLEASE CHECK ONE)

❑ **Checking** ❑ **Savings** **Amount:**_____

Depository Name & Branch: **Account Number:**

_____ _____

Signature: **Date:**

_____ _____

FOR PAYROLL USE ONLY:	**EMP. ID#:** _____	**DED. CODE#:** _____
CANCELLATION EFF: _____	**CHECK DATE:** _____	

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Authorization Agreement for Direct Deposit (ACH Credits)

I (We) hereby authorize the Town of Seekonk to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account(s) indicated below and the depository named below, hereinafter called **Depository**, to credit and/or debit the same to such account(s).

(PLEASE CHECK ONE)

❑ **Checking** ❑ **Savings** **Amount:**_____

Depository Name & Branch: **City & State:**

_____ _____

Transit/ABA Number: **Account Number:**

_____ _____

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This authority is to remain in full force and effect until the Town of Seekonk has received written notifications from me (or either of us) of its termination in such time and in such manner as to afford the Town of Seekonk and **Depository** a reasonable opportunity to act on it.

Employee Name: **Employee Signature:** **Employee Number:**

_____ _____ _____

Employee Social Security Number: **Today's Date:** **Joint Signature** (if joint account):

_____ _____ _____

Please attach a VOIDED check for the account you want to deposit to.

FOR PAYROLL USE ONLY:	**1ST PRENOTE:**	**2ND PRENOTE:**
DED. CODE#: _____	**CHECK DATE:** _____	**CHECK DATE:** _____