TOWN OF CARMEL

DIRECT DEPOSIT AUTHORIZATION

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Employee #\_\_\_\_\_\_\_\_\_\_, an employee of the

Town of Carmel, hereby request my payroll check be deposited directly into my account as stated below. Attached are a **photocopy, void check and or letter from banking institution** indicating bank routing number and account number. I authorize this request unless I notify you otherwise.

**PRIMARY ACCOUNT**

BANK ROUTING NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANK ACCOUNT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECKING\_\_\_ SAVINGS\_\_\_\_ (check one)

**SECONDARY ACCOUNT (optional)**

BANK ROUTING NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANK ACCOUNT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECKING\_\_\_ SAVINGS\_\_\_\_ (check one)

AMOUNT TO DEPOSIT INTO THIS ACCOUNT\_\_\_\_\_\_\_\_\_\_\_\_ \*REQUIRED

**EMPLOYEE SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*BE SURE TO ATTACH A PHOTOCOPY OR VOID CHECK. SAVINGS ACCOUNTS REQUIRE A LETTER FROM BANKING INSTITUTION WITH BANK ROUTING NUMBER AND ACCOUNT NUMBER