

Town of North Providence

2000 Smith Street

North Providence, R.I. 02911

Town of North Providence
Direct Deposit of Payroll
Authorization Agreement

I hereby authorize the Town of North Providence, Payroll Department, to make payment of any "Net Pay" owing me for Direct Deposit of Payroll to the Bank indicated below, hereinafter called Bank, and authorize Bank to credit such amounts to my:

Indicate type of account (circle one) Checking or Savings

For multiple accounts please fill out a form for each and indicate how you would like the split.

Bank or Credit Union Name

For multiple accounts please indicate
dollar (\$) amount to deposit

Bank or Credit Union Transit Routing #
(on bottom left hand corner of check)

Account # (bottom left hand corner of check after routing number)

E-mail address for receipt of payroll voucher

This authorization is to remain in full force and effective until the Town of North Providence has received written notification from me of its termination in such time and manner as to afford the Town of North Providence and Bank a reasonable opportunity to act on the request.

Name (Print)

Signature

Date

*****PLEASE ATTACH A VOIDED CHECK*****