

DIRECT DEPOSIT AUTHORIZATION FORM

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

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

ACCOUNT NUMBER ONE

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ ABA/ROUTING#: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

Please check one  Checking  Savings

ACCOUNT NUMBER TWO (Optional)

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ ABA/ROUTING #: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

Please check one  Checking  Savings

I, hereby, do authorize the Brown Local Treasurer's Office to initiate credit entries and debit entries, if necessary, for any credit entries in error to my checking and/or savings account indicated above and the depository named above to credit and/or debits the same to such account.

The authorization is to remain in effect until ten (10) business days after the Treasurer's Office has received my written notification of its termination so as to allow the Treasurer's Office and Banks reasonable opportunity to act.

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

\_\_\_\_\_  
Date

**PLEASE ATTACH VOIDED CHECK**