



**City of Gardner
Treasurer's Department
95 Pleasant Street, Room 121
Gardner, MA 01440
(978) 630-4016 • Fax (978) 630-2520**

Direct Deposit Form

Employee: _____ Social Security No.: _____
(Please Print Name)

I hereby authorize the City of Gardner (the "City") to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the City to my account. In the event that the City deposits funds erroneously into my account, I authorize the City to debit my account for an amount not to exceed the original amount of the erroneous credit.

It is understood that this agreement may be terminated by me at any time by written notification to the City. Any such notification to the City shall be effective only with respect to entries initiated by the City after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the receiving Bank by the employee is unacceptable. The receiving Bank may terminate this agreement by written notice to the employee for just cause.

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please use another form. Make sure to indicate what kind of account, along with the amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____
Routing Transit #: _____ Account #: _____
 Checking Savings Other I wish to deposit: \$ _____ or
 Entire Net Amount

2. Bank Name/City/State: _____
Routing Transit #: _____ Account #: _____
 Checking Savings Other I wish to deposit: \$ _____ or
 Entire Net Amount

3. Bank Name/City/State: _____
Routing Transit #: _____ Account #: _____
 Checking Savings Other I wish to deposit: \$ _____ or
 Entire Net Amount

Memo _____ : 012345678 : 123456789" 0101
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Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Signed: _____

Date: _____