CITY of GARDNER

Office of the City Treasurer

Charline M. Daigle, Treasurer
95 Pleasant Street, Room 121
Gardner, MA 01440
Tel. 978-630-4016 • Fax: 978-630-2520

Your Bank Name : _____

Bank Address : _____

Type of Account: _____ **Checking** _____ **Savings**
(attach voided check)

Transit Routing Number This number is usually located at the lower left hand corner of your check. If the deposit goes into your savings account, ask your bank for this number.

Your Account Number

I hereby authorize the City of Gardner to deposit my net pay at the financial institution named above. I understand that the City of Gardner may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

It is understood that this agreement may be terminated by me at any time by written notification to the City of Gardner. Any such notification to the City of Gardner shall be effective only with respect to entries initiated by the City of Gardner 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.

Employee Name: _____

Employee SS# _____

Date: _____ **Signed:** _____