

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

**Town of Milton
525 Canton Ave.
Milton, MA 02186**

If you are depositing into a checking account please attach a voided check to this form.

I hereby request and authorize the Town of Milton to deposit any amounts owing to me to my account and bank indicated below, or change my account for a deposit made in error.

It is understood that this agreement may be terminated by me at any time by written notification to my employer. This notification shall take effect only for deposits made by my employer after receipt of such notification and after reasonable opportunity to act on it.

Employee Name: _____

Employee Address: _____

Employee Email Address _____

Bank Name: _____

Bank Name: _____

Checking Account #: _____

Saving Account #: _____

Bank Transit/ABA#: _____

Bank Transit/ABA#: _____

Amount \$: _____

Amount \$: _____

Signature: _____

Date: _____