



**TOWN OF PRINCETON
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Employee Information

EMPLOYEE NAME (PRINT): _____

Email Address: _____

Banking Information

Bank Name: _____

Account Type:

Checking (Attach voided check)

Savings

Routing Number: _____

Account Number: _____

Amount: _____ or Percent: _____

** Please fill out a separate Direct Deposit Authorization Form for each account you wish to deposit funds **

I hereby authorize the Town of Princeton to initiate this deposit, at the financial institution named above. I understand that the Town of Princeton may cause my account to be adjusted to the extent necessary to correct any over-deposits, 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 with written notification to the Town of Princeton. Any such notification to the Town shall be effective only with respect to entries initiated by the Town after receipt of such notification and reasonable opportunity to act on it. Any such notification to the Bank by the employee is unacceptable. The Bank may terminate this agreement by written notice to the employee for just cause.

Employee Signature

Date