

# TOWN OF DRACUT

## ENROLLMENT FORM FOR DIRECT DEPOSIT

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY NUMBER: \_\_\_\_\_ **XXX - XX-** \_\_\_\_\_

HOME/CELL PHONE NUMBER: \_\_\_\_\_

TOWN DEPARTMENT: \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS OF FINANCIAL INSTITUTION: \_\_\_\_\_

### DEPOSIT NET PAY INTO ONE BANK ACCOUNT:

CHECKING ACCOUNT  SAVING ACCOUNT

BANK ABA NUMBER:

ACCOUNT NUMBER:

### DEPOSIT INTO MULTIPLE ACCOUNTS:

\$ \_\_\_\_\_ CHECKING ACCT #  ABA #:

\$ \_\_\_\_\_ CHECKING ACCT #  ABA #:

\$ \_\_\_\_\_ SAVINGS ACCT #  ABA #:

\$ \_\_\_\_\_ SAVINGS ACCT #  ABA #:

### BALANCE OF NET PAY AFTER MULTIPLE DIRECT DEPOSITS:

CHECK ACCT #  ABA #:

SAVING ACCT #  ABA #:

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

#### FOR CHECKING ACCOUNT DIRECT DEPOSITS:

**\*\*PLEASE ATTACH A VOIDED CHECK - FOR CHECKING ACCOUNT #**

#### FOR SAVINGS ACCOUNT DIRECT DEPOSITS:

**\*\*PLEASE ATTACH A BANK SLIP WITH ABA # & SAVING ACCOUNT #**