

Town of Reading

DIRECT DEPOSIT AUTHORIZATION FORM

NAME _____ EMP # _____
(PLEASE PRINT)

PLEASE CHECK ONE:

_____ This is a new direct deposit _____ This is a change

_____ This is an additional direct deposit

Amount of direct deposit \$ _____ or % of direct deposit _____ or net _____

Name of Bank: _____

Account Type (check one): (_____) Checking (_____) Savings

Account Number: _____

Routing Number: _____

Signature: _____ Date: _____

*****PLEASE ATTACH A VOIDED COPY OF CHECK. NO DEPOSIT SLIPS*****

EMAILED ADVICES ARE STRONGLY ENCOURAGED

To receive advices via email, simply email Karen Jameson at:

kjameson@ci.reading.ma.us



You may elect up to four (4) different bank accounts for a net total of 100%.