



Town of Arlington
 Payroll Department, 6th Floor
 869 Massachusetts Avenue
 Arlington, Massachusetts 02476

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT (ACH) CREDIT

I hereby authorize the Town of Arlington to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my checking and/or savings accounts indicated below and the depository name below hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Name _____ Dept _____ SS#: _____

Signature _____ Date: _____

Deposit #1

Depository Name _____

Address _____ City _____ State _____

Transit/ABA No. _____ Account # _____

Check One: Checking _____ Savings _____

Office Use

Bank Code _____	PreNote Date _____	Direct Deposit Date _____
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Deposit #2

Depository Name _____

Address _____ City _____ State _____

Transit/ABA No. _____ Account # _____

Check One: Checking _____ Savings _____

Amount to be deposited _____

Office Use

Bank Code _____	PreNote Date _____	Direct Deposit Date _____
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The amount is to remain in full force and effect until Town of Arlington has received written notification from me of its termination in such time and in such manner as to afford the Town of Arlington and depository a reasonable opportunity to act on.

ATTACH A VOIDED CHECK FOR THE ACCOUNT(S) YOU WANT TO DEPOSIT TO