



Town of Middletown

350 EAST MAIN ROAD • MIDDLETOWN, RHODE ISLAND 02842

OFFICE OF HUMAN RESOURCES
TEL: (401) 846-5781 • FAX: (401) 845-0412

DIRECT DEPOSIT AUTHORIZATION

Employee name _____
(First and Last)

In completing this form, I authorize the Town of Middletown to deposit from my paycheck the indicated amount(s) into my bank account(s) listed below.

Name of Financial Institution: _____

Routing/Transit ABA Number: _____ Account Number: _____

Account Type: Checking Savings

Amount to deposit: Net or All _____ % \$ _____

Name of Financial Institution: _____

Routing/Transit ABA Number: _____ Account Number: _____

Account Type: Checking Savings

Amount to deposit: Net or All _____ % \$ _____

THIS AUTHORIZATION MAY BE CANCELLED AT ANY TIME BY NOTIFICATION, IN WRITING, TO PAYROLL DEPARTMENT.

Signature of Employee

Date

Input by HR: _____