



**Town of North Attleborough**  
**Human Resources Department**  
*North Attleborough Public Schools & Town Government*

**DIRECT DEPOSIT AUTHORIZATION FORM**  
(FOR CREDIT UNIONS AND BANK INSTITUTIONS)

**For your protection, we recommend verifying all Account and ABA routing numbers with your Financial Institution prior to submitting the form.**

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Department: \_\_\_\_\_

Circle One	DEPOSIT #1      _____ CHECKING      _____ SAVINGS      \$ or % _____
NEW	ABA Routing Number (9 Digits): _____
CHANGE	Name of Bank/Financial Institution: _____
STOP	Account Number: _____

Circle One	DEPOSIT #2      _____ CHECKING      _____ SAVINGS      \$ or % _____
NEW	ABA Routing Number (9 Digits): _____
CHANGE	Name of Bank/Financial Institution: _____
STOP	Account Number: _____

I hereby authorize the Town of North Attleborough to deposit the payments described above to my account at the above named financial institutions. The Town of North Attleborough is also authorized to adjust any over-deposit which is made to my account. I will not hold the financial institutions named above liable for any erroneous deposits or adjustments made by the Town of North Attleborough. It is also my understanding that the Town of North Attleborough will make every attempt to deposit monies by the appropriate paycheck date but under certain circumstances, such as holidays, a late deposit may occur.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Attach Voided Check, Savings Account Deposit Slip, or a Bank Statement  
with Routing # and Account # Here