

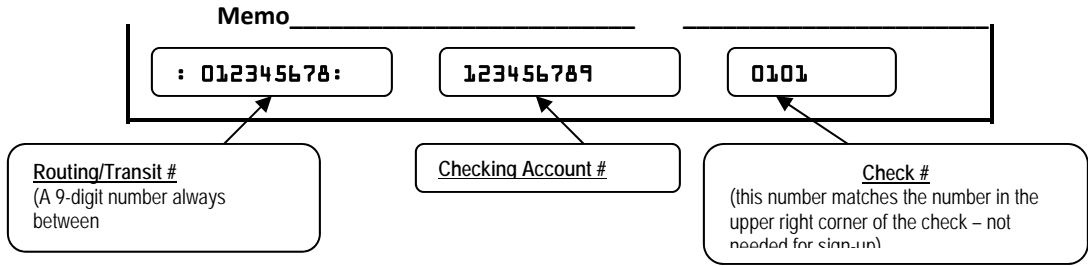


# PLYMOUTH TOWNSHIP

## Direct Deposit Enrollment Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
SSN: \_\_\_\_\_

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



I authorize Plymouth Township to direct deposit funds to my account in the financial institution listed below. If funds to which I am not entitled are deposited in my account, I authorize Plymouth Township to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Plymouth Township at any time. If any of the completed information changes, I will promptly complete a new authorization agreement.

If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Plymouth Township for distribution. This will delay your check.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Information:

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck. BANK DOCUMENTATION REQUIRED (i.e. voided check)**

1. Bank Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Amount I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

2. Bank Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Amount I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

3. Bank Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Amount I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount