

# Town Of Beaufort Direct Deposit Form

*(To be submitted by employee)*

## AUTHORIZATION AGREEMENT

I hereby authorize Town of Beaufort to initiate automatic deposits to my account at the financial institution named below. I also authorize Town of Beaufort to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Town of Beaufort responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Town of Beaufort receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

## ACCOUNT INFORMATION

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ ☐ Checking | ☐ Savings

## SIGNATURE

Authorized Signature  
(Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check and return this form to the Payroll Department.