TOWN OF GREENBURGH
DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize THE TOWN OF GREENBURGH, hereinafter called THE TOWN OF GREENBURGH, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking ___ Savings ___ account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

YOUR BANK NAME ____________________________

BRANCH LOCATION ____________________________
   City _______ State _______ Zip Code _______

TRANSIT/ABA NO __________ ACCOUNT NO. ____________

This authority is to remain in full force and effect until THE TOWN OF GREENBURGH has received written notification from me of its termination in such time and in such manner as to afford THE TOWN OF GREENBURGH AND DEPOSITORY a reasonable opportunity to act on it.

DATE _______ SIGNED ____________________________

PRINT
NAME ____________________________

PLEASE ATTACH A VOIED CHECK/DEPOSIT SLIP FROM YOUR CHECKING ACCOUNT AND RETURN THIS FORM TO:

TOWN OF GREENBURGH
177 HILLSIDE AVENUE
GREENBURGH, NY 10607
ATTN: PERSONNEL

Payroll Use Only

Employee # _______ Prename _______ Authorization _______