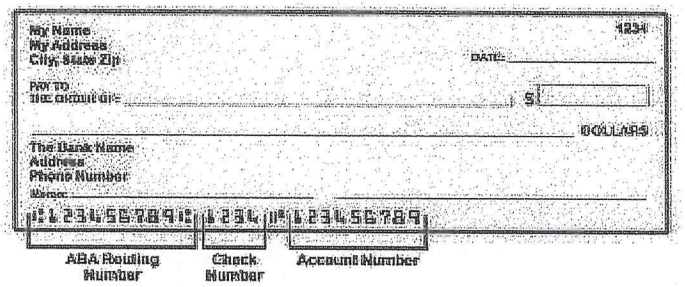
Town of Cumberland

Direct Deposit Authorization

I hereby authorize the Town of Cumberland to automatically deposit any funds owed to me to my Account at the Bank/Depository Financial Institution(s) named below. In the event of an overpayment or payment in error, I authorize the Town to charge my account only for the purposes of correcting an erroneous credit previously deposited to my Account. I understand that this agreement may be terminated by me or by the Town at any time. Any such notification requires a reasonable amount of time to act upon it.

Bank Name	ABA/Routing #	Account #		Amount $ OR %
PRIMARY ACCOUNT:				
			○ Checking ○ Savings	*100%, or balance remaining after deposits to other accounts below*
OTHER ACCOUNTS:				
			○ Checking ○ Savings	$ _____ OR _____ %
			○ Checking ○ Savings	$ _____ OR _____ %
			○ Checking ○ Savings	$ _____ OR _____ %

PLEASE ATTACH COPY OF VOIDED CHECK HERE



ABA/Routing # is always 9 digits

Check # is sometimes on the right end instead of in the middle

Employee Printed Name _____ Employee Signature _____ Date _____