



City of Westfield, Massachusetts

Personnel Department

59 Court Street

Westfield, MA 01085

Direct Deposit Authorization Agreement & Change Form

I authorize and request the City of Westfield to make the indicated direct deposit(s) into my account(s) to the Depository Financial Institute(s) listed below. I understand this agreement is voluntary and may be terminated by me or the City of Westfield at any time by written notice. Any such notification requires a reasonable time to be acted upon but should not exceed thirty days.

I authorize the City of Westfield to debit my account(s) only for the purpose of correcting an erroneous credit previously initiated to my account(s). Notifications of any correcting debits and credits will be communicated to me through my respective payroll clerk in charge of my payroll.

I hold the City of Westfield harmless in the event amounts owed to me are not deposited electronically due to administrative circumstances by the City of Westfield or by any or all departments of the City of Westfield and by the depository financial institutions used to process the voluntary request. Further, any liability of these institutions, including the City of Westfield, shall be limited to the amounts owed to me.

NAME: _____

SSN: _____

DEPT: _____

EMPLOYEE ID: _____

ADDRESS: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Initial Request

Change Bank/Account/Amount

Stop Direct Deposit

You must attach a document from your financial institution (check, etc.) that provides the correct account number in the proper format.

DEPOSIT ACCOUNT(S)

#9900 – Primary Direct Deposit Authorization

Checking Savings

Financial Institution Name/Address:												
Routing #												Account #:
Biweekly Deduction Amount: 100% of net pay												

#9902 – Secondary Direct Deposit Authorization

Checking Savings

Financial Institution Name/Address:												
Routing #												Account #:
Biweekly Deduction Amount: \$												

