

DIRECT DEPOSIT AUTHORIZATION

I, _____, Employee # _____, an employee of the Town of Carmel, hereby request that my payroll check be deposited directly into my account(s) as stated below. Attached are a **photocopy, voided check and/or letter from banking institution** indicating bank routing number and account number. I authorize this request unless I notify you otherwise.

Primary Account

Bank Routing # _____
Bank Account # _____ Checking ____ Savings ____

Secondary Account

Bank Routing # _____
Bank Account # _____ Checking ____ Savings ____

Amount to deposit into this account _____ (Required if using a Secondary Account)

Employee Signature

Date

****Be sure to attached a photocopied or voided check for the account(s) where you would like your check to be deposited. Savings accounts require a letter from your banking institution indicating bank routing and account number.****