



Direct Deposit Authorization Form

PLEASE PRINT CLEARLY

The Town of Sutton, as my employer, is hereby authorized to deposit the following specified fixed amount(s) from my wages or a percentage of my net pay at the following financial institution(s):

NOTE: If the Direct Deposit is going into a **checking account**, please attach a blank voided check. If the Direct Deposit is going into a **savings account**, please provide from your bank a form indicating the routing and savings account number.

FIXED DOLLAR AMOUNT(S) or PERCENTAGE OF NET PAY

(1) Financial Institution/Bank: _____

Routing #: _____

Checking Account #: _____ Flat Amount: _____ **OR** % of Pay _____

Savings Account #: _____ Flat Amount: _____ **OR** % of Pay _____

(2) Financial Institution/Bank: _____

Routing #: _____

Checking Account #: _____ Flat Amount: _____ **OR** % of Pay _____

Savings Account #: _____ Flat Amount: _____ **OR** % of Pay _____

(3) Financial Institution/Bank: _____

Routing #: _____

Checking Account #: _____ Flat Amount: _____ **OR** % of Pay _____

Savings Account #: _____ Flat Amount: _____ **OR** % of Pay _____

Name (Please Print): _____

Address: _____

Signature of Employee

Date