

**TOWN OF STEVENSVILLE**  
**Direct Deposit Authorization**

**Employee Name:** \_\_\_\_\_ **Employee No.** \_\_\_\_\_

I authorize the Payroll Department of the Town of Stevensville to initiate electronic direct deposit of my net pay as itemized below. I further authorize the Payroll Department to reverse any direct deposit due to overpayment or adjustment. I understand that this authority will remain in effect until I cancel it in writing or submit a new direct deposit authorization to replace it.

I authorize the Payroll Department to Cancel my entire Direct Deposit Authorization and issue a payroll check.

\$ \_\_\_\_\_

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Transit/Routing (ABA) No.

Attach voided check

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Checking/Savings Account No.  
(Circle One)

\$ \_\_\_\_\_

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Transit/Routing (ABA) No.

Attach voided check or savings deposit slip

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Checking/Savings Account No.  
(Circle One)

**In the event that a federal reserve holiday, in conjunction with a week-end, may impact the timely deposit of funds, your direct deposit may be posted one (1) business day after payday.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_