

# DIRECT DEPOSIT ENROLLMENT FORM

PLEASE COMPLETE ALL SECTIONS

Employee Name \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

## **Primary Account**

<u>Bank Name</u>	<u>Bank Routing Number</u>	<u>Bank Account Number</u>	<u>Circle Account Type</u>
_____	_____	_____	<u>Checking/Savings</u>

## **Secondary Accounts**

<u>Bank Name</u>	<u>Bank Routing Number</u>	<u>Bank Account Number</u>	<u>Circle Account Type</u>	<u>Amount or Percentage</u>
_____	_____	_____	<u>Checking/Savings</u>	_____
_____	_____	_____	<u>Checking/Savings</u>	_____
_____	_____	_____	<u>Checking/Savings</u>	_____
_____	_____	_____	<u>Checking/Savings</u>	_____
_____	_____	_____	<u>Checking/Savings</u>	_____
_____	_____	_____	<u>Checking/Savings</u>	_____

I authorize the Town of Southold to deposit my pay checks by Direct Deposit.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return this completed and signed form to:*

Accounting & Finance Department  
Town of Southold  
53095 Main Road  
P.O. Box 1179  
Southold, NY 11971