

TOWN OF ROWE

Authorization Agreement for Automated Deposits

I (we) hereby authorize the TOWN OF ROWE, hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our) account(s) indicated below and Depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account. Please include ALL depositories each time you make a change.

Order*	Depository Name	City	State	ZIP	Routing Number (9 Digits)	Account Number	Account Type	<i>Only Choose <u>One</u> For Each Line</i>		
								Dollar Amount	Percent	Net
1							<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$	0%	
2							<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$	0%	
3							<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$	0%	

**Direct Deposits will be allocated by order until the entire amount of your paycheck is deposited. Use additional sheets if you have more than three accounts.*

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

(If joint account, both account holders must sign this authorization agreement)

Name (print) _____

Signature _____

Date _____

Name (print) _____

Signature _____

Date _____

Return completed authorization form to:
 Town of Rowe
 Treasury Department
 PO Box 462
 Rowe MA 01367