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TOWN OF BERKLEY

MASSACHUSETTS

OFFICE OF TREASURER/COLLECTOR

Direct Deposit Authorization Form

I authorize the Town of Berkley to automatically deposit any funds owed to me to my account at the Depository Financial Institution named on this form.

I authorize the Town of Berkley to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account and to make adjustment entries, if necessary, only under the above conditions.

I understand that prior to closing my account I must notify the Treasurer's office of such change and provide new account information. Failure to do so will result in erroneous deposit and will delay payment of my wages.

I acknowledge that the Town of Berkley does not print direct deposit pay stubs. To view my pay stub, I must create an account and access it online through Employee Forward.

By signing below, I authorize the Town of Berkley to initiate direct deposits in accordance with this agreement.

Employee Name: _____

E-Mail for Employee Forward Login: _____

Signature: _____

Date: _____

Financial Institute: _____

Routing Number: _____

Account Number: _____

Please Check One: CHECKING SAVINGS

Flat Amount \$ _____ Percentage: _____ % Entire Net Pay: _____

Please attach a voided check and return this form to the Treasurer/Collector's office.

Employee Signature: _____ Date: _____

Payroll Dept. Signature: _____ Date: _____