



Town of Ayer
Direct Deposit Authorization
Additional Bank Account

Date: _____

Name: _____

Address: _____

Banking Information:

Bank Name: _____

Address: _____

Amount of Additional Direct Deposit: \$_____ ABA/Routing Number: _____

Account Type: () Checking () Savings Account Number: _____

Attach a voided check or deposit ticket here:

Signature:

Employee: _____ Date: _____

***** Benefits & Payroll Office Use *****

Deduction Code: 9101 Entered in PR: _____ Employee File: _____