

Return Completed Form to:
 Treasurer's Office
 8 Conway Street
 South Deerfield, MA 01373
 skimball@town.deerfield.ma.us
 Fax: 413-665-5512



TOWN OF DEERFIELD

DIRECT DEPOSIT REQUEST FORM

This request is:		New
		Replacing my Previous Request
		In addition to my Previous Request

Employee Name:		Telephone:	
Mailing Address:			

Bank Account Information				
Bank Name:		Type of Account:	Checking	
Routing Number:			Savings	
Account Number:		Amount: (% or flat \$)		
Bank Name:		Type of Account:	Checking	
Routing Number:			Savings	
Account Number:		Amount: (% or flat \$)		
Bank Name:		Type of Account:	Checking	
Routing Number:			Savings	
Account Number:		Amount: (% or flat \$)		

*****BE ADVISED: Adding direct deposit accounts may take 1 - 2 pay cycles to take effect*****

 EMPLOYEE SIGNATURE _____
 DATE REQUESTED

OFFICE USE ONLY

 ENTERED BY _____
 DATE