

TOWN OF WILMINGTON  
OFFICE OF THE TOWN ACCOUNTANT

DIRECT DEPOSIT PAYROLL AUTHORIZATION  
DIRECT DEPOSITS CAN BE MADE ONLY TO U.S. FINANCIAL INSTITUTIONS WHICH ACCEPT AUTOMATED  
CLEARINGHOUSE (ACH) CREDITS

EMPLOYEE NAME	SOCIAL SECURITY NO.
NAME (S) ON ACCOUNT (If different)	

If you are requesting direct deposit into a personal checking account, please write the word "VOID" across the face of a blank check and staple the check in this space

FINANCIAL INSTITUTION ACCOUNT INFORMATION:  
PLEASE COMPLETE ALL INFORMATION REQUESTED

FINANCIAL INSTITUTION NAME

FINANCIAL INSTITUTION TELEPHONE NUMBER

AMOUNT TO DEPOSIT:

- DEPOSIT MY ENTIRE NET PAY CHECK
- DEPOSIT A SPECIFIC AMOUNT AS FOLLOWS:  
\$ \_\_\_\_\_  
AMOUNT TO DEPOSIT EACH WEEK

- CHECKING ACCOUNT
- SAVINGS ACCOUNT
- OTHER ACCOUNT \_\_\_\_\_  
Please describe

FINANCIAL INSTITUTION ABA#  
(9 digit number identifying the institution)

YOUR ACCOUNT NUMBER

I hereby authorize and direct the Treasurer of the Town of Wilmington to deposit regularly schedule net pay to my account with the above referenced financial institution as herein indicated. This direct deposit authorization shall be in effect until further notice in writing is provided.

Employee Signature

Date