



# Town of Middletown

350 EAST MAIN ROAD • MIDDLETOWN, RHODE ISLAND 02842

OFFICE OF THE FINANCE DIRECTOR  
TEL: (401) 846-4478 • FAX: (401) 849-6267

## DIRECT DEPOSIT AUTHORIZATION

**\*\*\*\*\*PLEASE ATTACH VOID CHECK\*\*\*\*\***

To:

FROM: Employee name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_

I authorize the Town of Middletown to:

( ) Deduct \$ \_\_\_\_\_ from my net pay each pay period and deposit

it to \_\_\_\_\_  
(Name of Bank)

Checking Account Number \_\_\_\_\_

Transit ABA Number \_\_\_\_\_

( ) Deduct \$ \_\_\_\_\_ from my net pay each pay period and deposit

it to \_\_\_\_\_  
(Name of Bank)

Savings Account Number \_\_\_\_\_

Transit ABA Number \_\_\_\_\_

THIS AUTHORIZATION MAY BE CANCELLED AT ANY TIME BY NOTIFICATION, IN WRITING, TO PAYROLL DEPARTMENT.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date