



Town of Chapel Hill

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the Town of Chapel Hill to initiate automatic deposits to my account at the financial institution named below. I also authorize the Town of Chapel Hill to make withdrawals from this account if a credit entry is made in error.

This agreement will remain in effect until the Town of Chapel Hill receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Human Resources Department.

Electronic Payroll Advice Delivery

I understand that I have the option of having my check stub delivered electronically. By entering an email address in the space below, I am consenting to have my check stub emailed to me. I will continue to receive my check stub electronically, until I provide written notification to the Human Resource Development Department to stop electronic delivery of my check stub.

Email Address: _____

Account Information

PLEASE PRINT CLEARLY TO AVOID ERRORS

Employee Name: _____ Emp#: _____

Name of Financial Institution: _____

Routing Number: _____ Accounts Number: _____

Deposit to Amount: \$ _____ or _____% Checking Saving

Name of Financial Institution: _____

Routing Number: _____ Accounts Number: _____

Deposit to Amount: \$ _____ or _____% Checking Saving

Name of Financial Institution: _____

Routing Number: _____ Accounts Number: _____

Deposit to Amount: \$ _____ or _____% Checking Saving

Employee Signature: _____ Date: ____/____/____

Please attach a voided check or a letter from your bank indicating the routing and accounts numbers.