# TOWN OF HEMPSTEAD
## OFFICE OF THE COMPTROLLER

350 FRONT STREET
HEMPSTEAD, N.Y. 11550-4037
(516) 489-5000

DONALD X. CLAVIN
SUPERVISOR

# Authorization Agreement for Direct Deposit of Payroll

**IMPORTANT! PLEASE READ AND SIGN BEFORE COMPLETING AND SUBMITTING!**

I hereby authorize TOH to deposit my net pay or any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form.

This authorization is to remain in effect until TOH have received my 'Termination for Direct Deposit of Payroll" or any written notice from me, notifying TOH to terminate my Direct Deposit and in such manner provide TOH reasonable opportunity to act on it.

Employee Name: _____   Social Security #: __ __ __ - __ __ - __ __ __ __

Department_____   Site_____

Annual or Per Diem Employee <u>Check One</u>:        ☐ Annual (Full Time)        ☐ Per Diem (Part-Timer)

Employee's Signature: _____   Date: _____

**Account Information**

The last item must be for the remaining amount owed to you.  If you decide to deposit into one account, please full out number 1.  **Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1.    Bank Name/City/State: _____

   Routing Transit #: __ __ __ __ __ __ __ __ __        Account Number: _____

   ☐ Checking    ☐ Savings        I wish to deposit: $ _____._____ or ☐ Entire Net Amount

2.    Bank Name/City/State: _____

   Routing Transit #: __ __ __ __ __ __ __ __ __        Account Number: _____

   ☐ Checking    ☐ Savings        I wish to deposit: $ _____._____ or ☐ Entire Net Amount

## PLEASE ATTACH A VOID CHECK

Memo _____

|: 012345678 |:    123456789"    0101
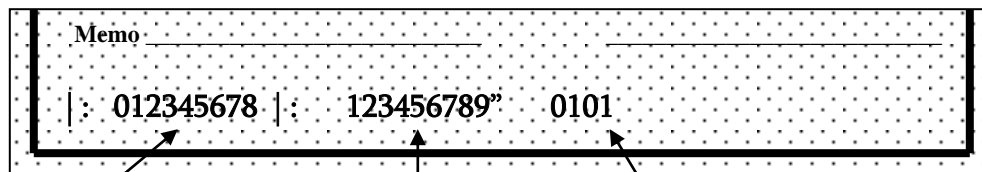
Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check – not needed for sign up)