Direct Deposit Form

TOWN OF HAMILTON

Employee: _____

SSN: _____

Employee ID: _____

I hereby authorize and request the TOWN, to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by TOWN to such account and to credit the same to such account without responsibility for the correctness thereof.

I authorize and request the TOWN to effect repayment to TOWN for amounts owed it because of a prior erroneous credit initiated to my account if prior to the correcting entry, the TOWN has sent or delivered to me written notice of the correction and the reason therefore; and the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood this agreement may be terminated by me at any time by written notification to TOWN or BANK. Any such notification to TOWN shall be effective only with respect to entries initiated by TOWN after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.

I recognize, acknowledge and accept this service is being provided for my convenience. As such, I agree to hold the TOWN, and each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the TOWN and their employees, including without limitation any claim based on alleged loss as a result of noncredit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

HRSentry
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Deposit I

Bank: _____

Routing#: _____

Account# : _____

Type: _____ Checking _____ Savings _____

Amount: Deposit Net Pay:_____ Deposit Specific:_____

Signature: _____

Date: _____

Is this a change to a current authorization? Yes____ No____

Deposit II

Bank: _____

Routing#: _____

Account# : _____

Type: _____ Checking _____ Savings _____

Amount: Deposit Net Pay:_____ Deposit Specific:_____

Signature: _____

Date: _____

Is this a change to a current authorization? Yes____ No____

DIRECT DEPOSIT ACCOUNT VERIFICATION

Please attach a void check or deposit slip in this area so that we may verify your routing and account numbers.

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