



OFFICE OF THE TOWN TREASURER TOWN OF HADLEY

100 MIDDLE STREET • HADLEY, MA 01035
TELEPHONE 413-586-3354 FAX 413-586-7686

Authorization Agreement - Payroll Direct Deposit

I, _____, request and authorize my employer,
Town of Hadley, to direct deposit my entire net paycheck to my account at the below named bank:

Bank Name: _____

City & State: _____

Bank Routing#	Account #	Account Type (circle one)	Amount:
_____	_____	checking / savings	100% of net

Town of Hadley (Hadley) will use care in sending funds to my account. I agree that Hadley will not be liable for damages or losses that occur due to an equipment failure, an act by a third party, or any other act beyond Hadley's control. Hadley's liability to me will not exceed the difference between the wages it owes me and the wages it had paid me.

I agree that if an unearned or erroneous payment is credited to my account by Hadley, I will immediately repay Hadley the full amount of such unearned or erroneous payment. Further, Hadley may correct any error with an electronic debit or by paper entry.

I must tell you in writing if I want to make a change to this agreement. I understand that changes may not be submitted by telephone, fax or email.

Employee Signature

Date

Email address: _____

Daytime phone number: _____

In this agreement, "I", "me" and "my" mean the employee. "You" and "your" mean the employer. "Account" means the checking, savings, NOW or IRA account into which payroll funds are sent. "Bank" means _____ holder of my account.

Note: It may take up to two pay periods before the direct deposit begins.
Please check your pay voucher to see if it is a "live" check or direct deposit notice.