

TOWN OF LONGMEADOW DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

YOU MUST ATTACH A VOIDED CHECK OR A ROUTING FORM
COMPLETED BY YOUR BANK. THIS IS NEEDED FOR ALL
SAVINGS AND CHECKING DEPOSITS.

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

CHECKING ACCOUNT

Bank Name: _____

Account Number: _____

Routing Number: _____ Amount: _____

SAVINGS ACCOUNT

Bank Name: _____

Account Number: _____

Routing Number: _____ Amount: _____

CANCELATION OF ANY CURRENT DIRECT DEPOSIT ACCOUNT

Institution: _____ Savings _____ Checking _____

Institution: _____ Savings _____ Checking _____

Your signature below will give the Town permission to arrange this transaction for you and also declares that you understand that when the banks and/or the Town Human Resource Department is closed due to holiday, inclement weather, etc., your direct deposit may be posted to your account late by the period of the closing, usually one day. **In most cases, it will take at least 2 payrolls for your changes to take effect.**

SIGNATURE: _____ **DATE:** _____