



# Town of Swampscott

Elihu Thomson Administration Building  
22 Monument Avenue  
Swampscott, MA 01907-1940

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request the Town of Swampscott to forward my net pay to the following bank account via ACH Credit/Direct Deposit:

(Please print legibly and clearly):

EMPLOYEE INFORMATION:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Phone Number

BANK INFORMATION:

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Routing Number

Please check one:

- ☐ Checking Account  
☐ Savings Account

\_\_\_\_\_  
Bank Account Number

Please Deposit: ☐ 100% of my Net Pay into this account

☐ \$ \_\_\_\_\_ of my Net Pay into this account

**ALL DIRECT DEPOSITS WILL HAVE A PRENOTE AND YOU WILL RECEIVE A LIVE CHECK FOR THE FIRST PAY PERIOD.**

### Direct Deposit Advice Delivery Options:

- ☐ I wish to obtain my Direct Deposit Advices exclusively through the Town's Online Secured Employee Self-Service Portal (please contact the Human Resources at (781) 596-8810 for more information on accessing the Town's Secured Employee Self-Service Portal).
- ☐ I wish to obtain my Direct Deposit Advices by email to my Town of Swampscott work email.
- ☐ I wish to obtain my Direct Deposit Advices by email to the following email address:

\_\_\_\_\_  
\* I acknowledge that the Town of Swampscott is not responsible for security of emails sent to my private email address.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

If you wish to participate in the Direct Deposit program offered by the Town of Swampscott, please return this form with a **voided/canceled check** for checking accounts; or for savings accounts, any official bank documentation with the bank's routing number and your savings account number.

**Please return this completed form to Human Resources**

