

**TOWN OF ORANGE  
AUTHORIZATION AGREEMENT FOR EMPLOYEE  
DIRECT PAYROLL DEPOSITS**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please print  
EMPLOYEE NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT:    \_\_\_ Checking    AMOUNT: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT:    \_\_\_ Savings    AMOUNT: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

I hereby authorize the TOWN OF ORANGE, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

I understand that my account may not be credited until Friday of the payroll week. In the event of a transmittal problem with either the COMPANY or the DEPOSITORY it is my responsibility to ascertain that funds are available before accessing them.

If you have closed an account and not notified the payroll office the funds will automatically go into another direct deposit account you have set up. If no other account is on file then, you will receive a check from the payroll service through the Town of Orange payroll office.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Any such notification to the DEPOSITORY by the employee is unacceptable. The DEPOSITORY may terminate this agreement by written notice to the employee for just cause.

EMPLOYEE SIGNATURE: \_\_\_\_\_

COMPANY SIGNATURE: \_\_\_\_\_ Treasurer's Office