

Attach Voided Check Here

DIRECT DEPOSIT AUTHORIZATION

**One listed here Treasurer's Office
300 Main St
Wellfleet, MA 02667**

I, _____, hereby authorize and direct you to draw all checks for payments due me under payroll to the order of:

Bank Name and Address:

BANK ROUTING NUMBER _____

CHECKING ACCT # _____ Dollar Amt. _____ or % _____

OR

SAVINGS ACCT # _____ Dollar Amt. _____ or % _____

(you may have a portion of your check or the entire amount deposited)

for deposit to my account. I agree that all checks so drawn shall be in full payment, satisfaction and discharge of any amount due me. Any checks so drawn are to be wired directly to said bank. If any such payment shall be made, the date of which is subsequent to, my death, I hereby authorize and direct said bank, upon receipt of notice of my death to refund the amount of such payment to the payer, and charge the same to my account and on behalf of my executor, administrator, heirs and assigns I hereby agree to hold said bank harmless from any suit, action or proceedings and from any penalty related thereto, by any parties whatsoever attempting to delay or prevent said bank's refund of such amount or to recover such refund.

I reserve the right to revoke or cancel this authorization, such revocation or cancellation to be effective only upon receipt of written notice to the payer.

Employee's Signature _____ Date _____

Signature _____ Date _____
(Signature of any other persons on said account)