



OFFICE OF THE
TREASURER-COLLECTOR
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1305 Fax: 978-897-1013

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ or _____% or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

(If more than one account, please fill in below)

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ or _____% or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

Please attach a voided check or Direct Deposit form from your bank for each bank account to which funds should be deposited.

The Town of Maynard is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ Date: _____