

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request the Town of Needham to make payment of any amounts owing to me by initiating direct deposit to my account indicated below in the bank named below and I authorize and request the bank to accept any deposit initiated by the Town of Needham to such account and to enter the same to such account without responsibility for the correctness thereof.

BANK NAME _____

Account Type (*check one*) _____ Checking _____ Savings

Routing # _____

(nine digits directly preceding Account Number)

Account # _____

It is understood that this agreement may be terminated by me at such time by written notification to the Town of Needham. Any such notification to the Town of Needham shall be effective only with respect to entries initiated by the Town of Needham after receipt of such notification and a reasonable time to act on it.

NAME _____

(please print)

DATE _____

Signature: _____

Joint Account Holder, if any _____

Please return this form with a copy of a voided check or a savings withdrawal form to participate in the Direct Deposit of benefits being offered by the Town of Needham.

If you do not wish your benefits to be deposited directly to your bank account please do not return this form. Thank you.

Mail or return this completed form to:

Needham Retirement Board
Town of Needham
1471 Highland Ave.
Needham, MA 02492-2669