



# DIRECT DEPOSIT ENROLLMENT AND CHANGE FORM

I hereby authorize the Town of Nashville to initiate credit entries or such adjusting entries, either debit or credit, which are necessary for corrections to my account indicated below and the financial institution named below to credit (or debit) the same to such account.

Check one:

<input type="checkbox"/>	<b>ENROLL</b> me in direct deposit		
<input type="checkbox"/>	<b>CHANGE</b> my direct deposit		
Full Name (First, MI, Last):			
Work E-Mail Address:			
Daytime Phone Number:		Department:	
Financial Institution Information			
Name of Bank or Financial Institution			
Deposit to my CHECKING or MONEY MARKET account (my name is on this account)		Account Number:	
Deposit to my SAVINGS account (my name is on this account)		Bank Routing Number:	
I am ATTACHING (check one and STAPLE HERE)			
<input type="checkbox"/>	a PHOTOCOPY of a CHECK with my preprinted name and current address		
<input type="checkbox"/>	a CHECK marked "VOID" with my preprinted name and current address		
<input type="checkbox"/>	an official DIRECT DEPOSIT AUTHORIZATION FORM certified and stamped by a banking official, which provides my account number and the bank routing number		
<input type="checkbox"/>	a DEPOSIT SLIP for my savings account PLUS the bank routing number		

This authority is to remain in full force and effect until the Town of Nashville has received written notification from me of its termination in such time and in such manner as to afford the Town of Nashville a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Employee Full Name

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

\_\_\_\_\_  
Date

Payroll Entry	<u>Date Entered/Initials</u>