

TOWN OF LEYDEN
DIRECT DEPOSIT ENROLLMENT / CHANGE

Check which applies: New
Change
Cancel
Checking
Savings

NAME: _____

BANK NAME: _____

BANK ROUTING NO.: _____

ACCOUNT NO.: _____

I authorize the Town of Leyden to initiate credit entries to my account. I agree that if my employer credits an unearned or erroneous payment to my account, I will immediately repay the employer the full amount of such unearned or erroneous pay.

I further agree that if I do not repay such unearned pay, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by the employer in the collection of such unearned pay, together with the maximum interest or late charge permitted by law.

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

Employee Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK OR A COPY OF A CHECK