



Town of Salisbury
5 Beach Road
Salisbury, Massachusetts 01952

James J. Ryan
Assistant Town Manager/Human Resources

PAYROLL DIRECT DEPOSIT FORM

Employee Name: _____ Payroll I.D. # (if known) _____

Department: _____

I hereby authorize a direct deposit of my bi-weekly payroll to:

*** Checking Acct.** Amount: _____

Name of Bank: _____

Routing #: _____

Account #: _____

*** Savings Acct.** Amount: _____

Name of Bank: _____

Routing #: _____

Account #: _____

Employee Signature **Date:** _____

*** Please attach a voided check here**