



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____ Employee Number: _____

Bank Name: _____ Bank Address: _____

%/ \$ _____ Routing Number (ABA) _____ Account Number: _____

Circle Bank Type: Savings Checking

Bank Name: _____ Bank Address: _____

%/ \$ _____ Routing Number (ABA) _____ Account Number: _____

Circle Bank Type: Savings Checking

Request for (check one only):

☐ Initial Request

☐ Change

☐ Cancellation/Discontinue

I authorize the "TOWN OF WAYLAND" to effect this payroll bank request. I understand that this agreement may be terminated by me or the town at any time by written notification. Any such notification requires reasonable time to act upon it.

Signature

Date

FOR INITIAL OR CHANGE REQUEST, PLEASE ATTACH A VOIDED CHECK OR LETTER FROM YOUR BANK TO THIS FORM.

Unsigned or incomplete forms will not be processed and will be returned to you.

It will take at least one payroll cycle before the direct deposit to become effective; in the meantime you will receive a live check.