

DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:
 Town of Eastchester; 40 Mill Road, Room 202; Eastchester, NY 10709

PART 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution
<input type="checkbox"/> Cancellation (<i>Leave Part 4 Blank</i>)	<input type="checkbox"/> Change Account Number
	<input type="checkbox"/> Change Account Type

PART 2: Payee Identification

1. Owner Tax ID (Social Security or Employer Identification Number)	2. Work Phone Number
3. Name	4. Home Phone Number
5. Street Address	6. City, State, Zip Code

PART 3: AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION

I hereby request and authorize the Town of Eastchester to deposit payments by electronic funds transfer in the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information in this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

7. Authorized Signature	8. Printed Name/ Title	9. Date

PART 4: FINANCIAL INSTITUTION INFORMATION

(Please attach the requested documentation that pertains to your account type with this form.)

- For **Direct Deposit** into a **Checking Account**: Please return an original **Voided Check** with this form.
- For **Direct Deposit** into a **Savings Account**: Please return a **Statement** along with a **Routing Number** for your bank.