

Town of Oxford  
Direct Deposit Authorization Form

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Direct deposits are distributed to accounts in order of the priority starting with priority "1". The total of the percentages cannot exceed 100%. **If you already have direct deposit and are adding a new account, please list this along with all existing accounts in order of priority.**

Priority	<u>Amount</u>	<u>Percent of</u> <u>Net Pay</u>	<u>Balance</u>	<u>Routing</u> <u>Number</u>	<u>Account</u> <u>Number</u>	<u>Checking/</u> <u>Savings</u>	<u>New</u>	<u>Change</u>	<u>Delete</u>
	Bank Name: _____								
1	\$ _____	or _____ %	_____	_____	_____	_____	_____	_____	_____
	Bank Name: _____								
2	\$ _____	or _____ %	_____	_____	_____	_____	_____	_____	_____
	Bank Name: _____								
3	\$ _____	or _____ %	_____	_____	_____	_____	_____	_____	_____
	Bank Name: _____								
4	\$ _____	or _____ %	_____	_____	_____	_____	_____	_____	_____
	Bank Name: _____								
5	\$ _____	or _____ %	_____	_____	_____	_____	_____	_____	_____

**The last account listed will be where the balance of your pay will be deposited.  
Please attach a voided check and/or savings account deposit slip to this form and return to the Treasurer's Office  
(Town Employees) or Central Office (School Employees).**

I authorize the Town of Oxford to reverse any erroneous entry they may have processed against my account. If I elect to stop this electronic credit, I understand I must notify the Town of Oxford and the Bank in writing to revoke my authorization. I also understand that I must place a stop payment request with the Bank, indicating the originating Company name and the amount of the Debit/Credit, to insure that no future electronic entries from the Company are accepted and paid against my account.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_