



City of Westfield, Massachusetts
 Personnel Department
 59 Court Street
 Westfield, MA 01085

Direct Deposit Authorization Agreement & Change Form

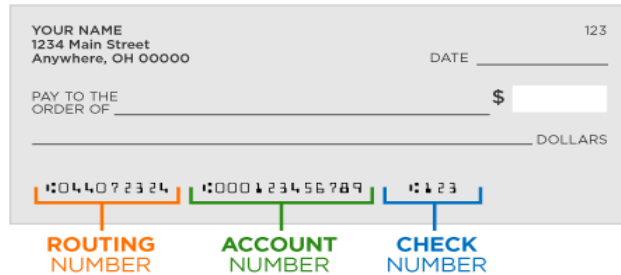
I authorize and request the City of Westfield to make the indicated direct deposit(s) into my account(s) to the Depository Financial Institution(s) listed below. I understand this agreement is voluntary and may be terminated by me or the City of Westfield at any time by written notice. Any such notification requires a reasonable time to be acted upon but should not exceed thirty (30) days.

I authorize the City of Westfield to debit my account(s) only for the purpose of correcting an erroneous credit previously initiated to my account(s). Notifications of any correcting debits and credits will be communicated to me through my respective payroll clerk in charge of my payroll.

I hold the City of Westfield harmless in the event amounts owed to me are not deposited electronically due to administrative circumstances by the City of Westfield or by any or all departments of the City of Westfield and by the depository financial institutions used to process the voluntary request. Further, any liability of these institutions, including the City of Westfield, shall be limited to the amounts owed to me.

NAME: _____ SOCIAL SECURITY #: _____
 DEPT: _____ EMPLOYEE ID: _____
 ADDRESS: _____
 EMPLOYEE SIGNATURE: _____ DATE: _____

You must attach a document from your financial institution (statement, check, etc.) that provides the correct account number in the proper format.



CHECK ACTION	INITIAL REQUEST	CHANGE BANK/ ACCOUNT/AMOUNT	STOP DIRECT DEPOSIT
DEPOSIT ACCOUNT(S)			
#9900 – PRIMARY DIRECT DEPOSIT AUTHORIZATION		CHECKING (C) OR SAVINGS (S)	
FINANCIAL INSTITUTION NAME AND ADDRESS			
ROUTING #		ACCOUNT #	BIWEEKLY DEDUCTION AMOUNT / 100% OF REMAINING NET PAY
#9901 – CREDIT UNION DEPOSIT AUTHORIZATION		CHECKING (C) OR SAVINGS (S)	
FINANCIAL INSTITUTION NAME AND ADDRESS		POLISH NATIONAL CREDIT UNION	
ROUTING #	2 1 1 8 8 2 0 9 1	ACCOUNT #	BIWEEKLY DEDUCTION AMOUNT
#9902 – SECONDARY DIRECT DEPOSIT AUTHORIZATION		CHECKING (C) OR SAVINGS (S)	
FINANCIAL INSTITUTION NAME AND ADDRESS			
ROUTING #		ACCOUNT #	BIWEEKLY DEDUCTION AMOUNT