



TOWN OF BERKLEY

MASSACHUSETTS

Wendy Cochrane
1 NORTH MAIN ST
BERKLEY, MA 02779
OFFICE: (508) 822-3511
FAX: (508) 828-6755

OFFICE OF
TREASURER

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (We) hereby authorize the Town of Berkley to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) checking account.

BANK _____

TRANSIT/ ABA NO. _____

ACCOUNT NO. _____

I hereby authorize the Town of Berkley to deposit my full check to the account named above.

This authority is to remain in full force and effect until the Town of Berkley has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Town of Berkley and the above name Bank a responsible opportunity to act.

NAME _____

SOCIAL SECURITY NUMBER _____

DATE _____

SIGNATURE _____

NOTE: PLEASE ATTACH A VOIDED CHECK OR BANK ISSUED FORM FOR THE ABOVE NAMED ACCOUNT. THERE MAY BE AT LEAST ONE LIVE CHECK ISSUED BEFORE DIRECT DEPOSIT IS ACTIVE.