



**TOWN OF CAPE ELIZABETH
DIRECT DEPOSIT AUTHORIZATION**

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	DATE

DIRECT DEPOSIT ACCOUNT INFORMATION (Up to Four)

CHECK ONE	FINANCIAL INSTITUTION NAME & ADDRESS	BRANCH LOCATION & TELEPHONE NUMBER																																									
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TRANSIT/ROUTING NUMBER		ACCOUNT NUMBER																																									
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Dollar amounts should not exceed net pay.

I hereby authorize the Cape Elizabeth School Department to deposit my net pay each payday directly to the account(s) indicated above and to initiate, if necessary, any debits or adjustments for a direct deposit error made. I understand that it is my responsibility to check my account each pay date to ensure that money was correctly deposited. The school department will not be held liable for bank charges resulting from problems associated with direct deposit. This authority will remain in effect until a new form is filed. I understand I will receive a check until the above information is verified and processed.

SIGNATURE

DATE

RETURN THIS FORM TO THE BUSINESS OFFICE -- PAYROLL

JULY08