

**TOWN OF SHERBORN
TOWN OF DOVER
DOVER/SHERBORN PUBLIC SCHOOLS**

DIRECT DEPOSIT AUTHORIZATION FORM

Employee name: _____

Soc Sec #: _____

Employee No: _____

I authorize Dover-Sherborn Public Schools and the financial institution below to deposit my pay automatically to the accounts listed below:

Acct # 1

Bank name: _____

Transit No (9 digits)

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Acct No _____

Account type (Check one) _____ Checking account _____ Savings account

Deposit choice

(Check one) _____ Deposit entire net payroll check

_____ Deposit a specified dollar amount \$_____

Acct #2

Bank name: _____

Transit No (9 digits)

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Acct No: _____

Account type (Check one) _____ Checking account _____ Savings account

Deposit choice

(Check one) _____ Deposit entire net payroll check

_____ Deposit a specified dollar amount \$_____

Employee signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK