

AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

Please fill out this form, print and submit it to your employer to have your payroll check direct deposited.

Date: _____

Company/Employer Name: _____

I authorize the Company (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account at the Depository (identified below), for the purpose of automatically depositing funds to my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Depository Name: Salisbury Bank and Trust Company

City, State, Zip: Lakeville, CT 06039 Phone: (860) 435-9801

Routing Number: 011102612 Please attach a voided check/draft or deposit slip.

Account Number: _____ Checking Savings Other _____

Account Number: _____ Checking Savings Other _____

Account Number: _____ Checking Savings Other _____

New Authorization Change to Current Direct Deposit Termination

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Name (Print or Type): _____

ID#: _____

X _____
(Signature) (Date)