City of Beverly
Direct Deposit

I authorize you and the financial institution listed below to deposit my pay automatically.

This authority will remain in effect until I have cancelled in writing.
I hereby also authorize drafts to adjust any over-deposits which were credited to my account.

☐ Initial Authorization ☐ Change in Authorization

Department No. _____ Employee No. _____ Name _____

Soc. Sec. No. ___-___-____

Bank Name _____

☐ Checking Account
- ☐ Deposit Net
- ☐ Deposit $_____

☐ Savings Account
- ☐ Deposit Net
- ☐ Deposit $_____

_____
Transit Number (9 digits)

_____
Account Number (include dashes and/or spaces)

Date_____ Employee Signature_____

Your deposit **will not** be processed unless a canceled check is attached to this form

If you are changing accounts, **do not** close your original account until your new account takes effect.

May take up to 3 pay periods to take effect