



OFFICE OF CITY TREASURER

JON D. LUMBRA  
CITY TREASURER

SANDRA SMITH  
ASSISTANT TREASURER

Direct Deposit Agreement Form

I hereby authorize City of Holyoke to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize City of Holyoke to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold City of Holyoke responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Further it is understood that timing and dating of your files will determine when your monies will be available through your designated account. Monday holidays might cause deposits to be made on Friday instead of Thursday. Also if the Pay Date is a Holiday, direct deposits may not be available until the next banking day.

Further I understand that the city will pre-note my first pay and a live check will be issued to ensure the proper entry is made.

This agreement will remain in effect until City of Holyoke receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

Employees Name (Print): \_\_\_\_\_

SS# \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach a voided check(s) or deposit(s) slip and return this form to the Treasurers Department.