

Voluntary Payroll Deduction

Initial Enrollment Change

Date of request: _____ Employee Name: _____

The City of Northampton is hereby authorized to deduct the indicated amount from my pay and deposit this amount into my account as identified below, and I certify that such account exists.

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number. I acknowledge that if there is a pay period that I do not have sufficient funds to satisfy the deduction indicated, my deduction will be reduced or cancelled for that period. I have provided my account number and take full responsibility that the number provided is accurate.

Please sign the form and return it to Human Resources. Please allow two pay cycles for this to become effective.

Amount of deduction \$ _____ (from each paycheck)

Social Security Number _____

TYPE OF ACCOUNT: Checking Savings **Acct #:** _____

Financial Institution: _____

ABA # _____

Please end this deduction

Employee's Signature _____