

THE TOWN OF HUBBARDSTON, MASSACHUSETTS

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE INFORMATION

Name:	
Address:	
Signature:	Date:
FINANCIAL INFORMATION	
Financial Institution:	
Routing Number:	Account Number:
Name on Account:	
Type of Account: Checking	Savings (circle one)
Amount of Deposit: \$	_ Partial or Entire (circle one)
FINANCIAL INFORMATION	
Financial Institution:	
Routing Number:	Account Number:
Name on Account:	
Type of Account: Checking	Savings (circle one)
Amount of Deposit: \$	_ Partial or Entire (circle one)

Please return completed form to Treasurer's Office