

TOWN OF NEW CASTLE
PAYROLL DIRECT DEPOSIT ENROLLMENT FORM

Name of Employee _____

Address _____

Home Telephone _____

Type of Deposit Account: **CHECKING** _____

-Increase/Decrease-
Existing Direct Deposit

Amount _____ or **NET** or _____
NEW Direct Deposit Amt: _____

Routing Number _____

Account Number _____

Name and Address of Bank _____

Type of Deposit Account: **SAVINGS** _____

-Increase/Decrease-
Existing Direct Deposit

Amount _____ or **NET** or _____
NEW Direct Deposit Amt: _____

Routing Number _____

Account Number _____

Name and Address of Bank _____

ATTACHED VOIDED CHECK HERE

Employee Signature _____

Date _____