



ADMINISTRATION BUILDING
253 SOUTH MEADOW ROAD
PLYMOUTH, MA 02360

TEL. (508) 830-4300
FAX (508) 746-1873

www.plymouth.k12.ma.us

DIRECT DEPOSIT FORM

UPDATED CONTACT INFORMATION: PLEASE PRINT CLEARLY

NAME _____

ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

MEDICARE REIMBURSEMENT DIRECT DEPOSIT INFORMATION: PLEASE PRINT CLEARLY

SOCIAL SECURITY NUMBER (needed for verification) _____

BANK NAME _____

ACCOUNT TYPE (circle one) Checking Savings

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Direct deposit notifications will be sent to the email address listed above. The password to open this secure e-mail will be the last 4 digits of your Social Security number.

By signing this agreement, I authorize the Town of Plymouth to initiate credit entries to the accounts indicated above for the purpose of processing my payroll. I also authorize the Town of Plymouth to initiate, if necessary, debit entries and adjustments for the purpose of correcting any credit entries made in error.

SIGNATURE _____

OFFICE USE ONLY: HEALTH DENTAL BANKING EMAIL ADDRESS PHONE MUNIS