



The City of Worcester

Office of the Treasurer & Collector

Francisco Hernandez, Treasurer & Collector
455 Main Street, Room 203 Worcester, MA 01608
P| 508-799-1095 F| 508-799-1097
citypayroll@worcesterma.gov

YOUR BANK NAME _____

BANK ADDRESS _____
City State

CHANGE EXISTING DIRECT DEPOSIT: ☐ NEW: ☐

TYPE OF ACCOUNT: Checking ☐ Savings ☐

TRANSIT ROUTING NUMBER

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YOUR ACCOUNT NUMBER

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TYPE OF DIRECT DEPOSIT: ☐
(Please check one)

FULL AMOUNT (Net Check)

☐ PARTIAL: Amount of partial \$ _____

I hereby authorize the City of Worcester to deposit my net pay at the financial institution(s) named above. I understand that the City of Worcester may cause my account to be adjusted to the extent necessary to correct any over-deposit. I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

DATE: _____ Soc. Sec.#: _____ Contact Phone: _____

It is understood that this agreement may be terminated by me at any time by written notification to the City of Worcester. Any such notification to the City of Worcester shall be effective only with respect to entries initiated by the City of Worcester after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the receiving Bank by the employee is unacceptable. The receiving Bank may terminate this agreement by written notice to the employee for just cause.

**PLEASE ALLOW 2 PAY PERIODS OF TESTING PRIOR TO THE DIRECT DEPOSIT
COMMENCEMENT TO VERIFY THE INFORMATION INDICATED ABOVE. DURING THE
TESTING PERIOD, YOU WILL RECEIVE A PAYCHECK.**