



**TOWN OF HUDSON  
OFFICE OF THE TREASURER  
TOWN HALL  
78 MAIN STREET  
HUDSON, MA 01749  
(978) 568-9605**

I hereby authorize and request the Town of Hudson, through the office of the Town Treasurer to arrange for deposit of monies due me for wages processed through the payroll system.

I request that this direct deposit be made to the following account.

I request that this direct deposit be discontinued.

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Bank Telephone Number

\_\_\_\_\_  
City/Town                      State                      Zip

\_\_\_\_\_  
Routing Transit Number

\_\_\_\_\_  
 Checking Account Number  
 Savings Account Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee's Signature

**PLEASE ATTACH A VOIDED CHECK or OTHER  
BANK ISSUED AUTHORIZATION TO THIS FORM.**

**PLEASE NOTE DIRECT DEPOSIT CAN TAKE UP TO 48 HOURS TO CREDIT YOUR ACCOUNT.**

**THE SCHOOL HAS THE AUTHORITY TO STOP PAYMENT ON ANY DIRECT DEPOSIT THAT IS  
DEEMED TO BE INCORRECT.**