

**TOWN OF LISBON
REQUEST FOR DIRECT DEPOSIT**

I authorize the Town of Lisbon to automatically deposit my check as I so designate below.

I understand this agreement may be terminated by me or by the Town of Lisbon at any time by written notification. Any such notification requires a reasonable time to act upon it.

NAME _____

START CHANGE STOP

(PLEASE PRINT CLEARLY)

BANK NAME _____

BANK ADDRESS _____

BANK PHONE NUMBER _____

PLEASE ENTER THE FOLLOWING INFORMATION ABOUT YOUR ACCOUNT:

BANK ROUTING NUMBER _____

SAVINGS ACCOUNT NUMBER _____

CHECKING ACCOUNT NUMBER _____

AMOUNT TO BE DEDUCTED _____

AMOUNT CHANGING FROM _____ TO _____

SIGNATURE _____ DATE _____