



Town of Huntington
Office of the Treasurer
Payroll Direct Deposit Application

Employee Name: _____

Bank Name: _____

ABA Transit Number: _____

Account Number: _____

Type of Account: Checking _____ Savings _____

Amount to be deposited: Full _____ Partial _____

If partial: Remainder by check: _____ Savings: _____

2nd Account information: Checking: _____ Savings: _____

2nd Bank Name: _____

ABA Transit Number: _____

Account Number: _____

I hereby authorize the Town of Huntington to initiate this direct deposit request.

Employee Signature: _____

Date: _____