



CARLO DEMARIA
MAYOR

Human Resources Department

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I hereby authorize the city of Everett to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) checking account indicated below, and the financial institution named below to credit and/or debit the same such account.

Financial Institution: _____ Social Security Number: _____

Location: _____ Checking: _____ or Savings: _____

Routing #: _____ Account #: _____

I hereby authorize the City of Everett to Deposit my full check into the account named above.

The authority is to remain in full force and effect until the City of Everett has received written notification from me (us) of its termination in such time and such manner as to afford the City of Everett and the Financial Institute a reasonable opportunity to act on it.

Employee Name: _____ Date: _____

Employee Phone: _____ Employee Email: _____

Employee Signature: _____

Please attach a copy of a voided check