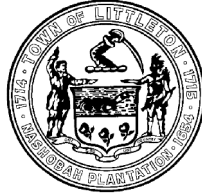


OFFICE OF THE
TOWN TREASURER
(978) 952-2306



P.O. Box 1305
Littleton, Massachusetts 01460

DIRECT DEPOSIT AUTHORIZATION

I hereby request the Town of Littleton to deposit : (select one)

1. The following amount : \$ _____

Or

2. The full amount of my net pay

into the following account:

Bank Name: _____

ABA Number: _____

Account Number: _____

Checking _____ Savings _____

You may also attach a voided check or official bank document in lieu of completing the above.

Effective Date: _____

Must be a Wednesday at least 10 days following submittal to Treasurer's office

Name: _____

Dept: _____

Signed: _____ **Date:** _____