



Town of Littleton

Human Resources Department, Room 307

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PAYROLL NET DEPOSIT AUTHORIZATION

I hereby authorize the Town of Littleton to deposit my full net check to my account at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority is to remain in effect until the Town of Littleton has received written notification from me of its termination in such time and in such manner as to afford the Town of Littleton and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PLEASE NOTE: For Initial Direct Deposit accounts: You may receive up to two (2) live checks from payroll until the deposit becomes effective. Paystubs will be delivered electronically via email to the address indicated below. You will receive this email several days prior to the actual pay date as advance notice of the deposit. Funds will be available at the FINANCIAL INSTITUTION on the payroll date.

EMPLOYEE INFORMATION:

EMPLOYEE NAME (Print): _____ EMPLOYEE #: _____

E-MAIL ADDRESS: _____

- ☐ THIS IS A NEW NET DEPOSIT REQUEST
- ☐ THIS IS A CHANGE TO MY EXISTING NET DEPOSIT INFORMATION
- ☐ THIS IS AN ADDITIONAL DEPOSIT REQUEST

Please complete the following and attach a VOIDED check for the account you want a deposit to OR attach Direct Deposit form from your bank containing the information below.

BANK DEPOSITORY INFORMATION

NAME OF BANK: _____

TRANSIT / ABA NO: _____
(bottom numbers on left of check)

ACCOUNT NO: _____
(bottom numbers in middle of check)

Do not use a deposit slip for these numbers.

SELECT ONE: ☐ Checking Account ☐ Savings Account AMOUNT: \$ _____

SIGNED _____

DATE _____