

Town and County of Nantucket

Human Resources Office

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PAYROLL DIRECT DEPOSIT AUTHORIZATION

Please allow 4 to 6 weeks for the first direct deposit to your account

Employee Name:	
Address:	
Phone Number:	
Department:	
Employee Number:	

Financial Institution:

Bank of America Pacific National Bank 61 Main Street Nantucket, MA 02554	Nantucket Bank 104 Pleasant Street Nantucket MA 02554	OTHER: (Please provide bank name & address)
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Percentage of biweekly paycheck to be deposited to account (please circle one):

100%	50%	OTHER:
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Account Type (please circle one):

CHECKING	SAVINGS
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Account Number:

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Routing Number:

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**A voided check or bank printout must accompany this authorization form. This request CANNOT be processed without the voided check or bank print out. * I understand in signing this form that I authorize the Town/County of Nantucket to deposit my payroll directly to the account number and financial institution named above.*

Employee Signature _____ Date: _____

HR Confirmation of Receipt: _____ Date: _____

Payroll Confirmation of Receipt: _____ Date: _____

NEW Direct Deposit Effective Date	
REPLACE Direct Deposit Effective Date	
STOP Direct Deposit Effective Date	

ELECTRONIC DIRECT DEPOSIT REQUESTS WILL NOT BE ACCEPTED. THE PHYSICAL DIRECT DEPOSIT FORM AND ATTACHMENTS MUST BE SUBMITTED TO HUMAN RESOURCES. IT IS THE POLICY OF THE TOWN OF NANTUCKET TO PRENOTE ALL DIRECT DEPOSIT REQUESTS. MODIFIED VERSIONS OF THIS FORM WILL NOT BE ACCEPTED.