



Nantucket Public Schools Nantucket, Massachusetts



Payroll Direct Deposit Authorization

*****PLEASE ALLOW 4 TO 6 WEEKS FOR THE FIRST DIRECT DEPOSIT TO YOUR ACCOUNT

EMPLOYEE NAME _____

ADDRESS _____

EMPLOYEE NUMBER _____

DEPARTMENT _____

Financial Institution (Please circle one)

Bank of America
Pacific National Bank
61 Main Street
Nantucket, MA 02554

Nantucket Bank
104 Pleasant Street
Nantucket, MA 02554

Other (provide Bank name and address)

Type of Account (please circle one) Checking Savings

Bank Account #* _____

*VOIDED CHECK MUST ACCOMPANY THIS AUTHORIZATION FORM. THIS REQUEST CANNOT BE PROCESSED WITHOUT VOIDED CHECK.

I understand in signing this form, I authorize the Town/County of Nantucket to directly deposit my payroll to the financial institution named above.

Signature _____

Date _____