



TOWN OF HOLBROOK

OFFICE OF Human Resources

50 NORTH FRANKLIN STREET.
HOLBROOK, MASSACHUSETTS 02343

DIRECT DEPOSIT FORM

Print Name _____

Date _____ Emp # _____

Signature _____

Department _____

Checking

Savings

Bank Name	Bank Name
Routing Number	Routing Number
Checking Account Number	Checking Account Number
Amount	Amount

Voided Check _____ / Bank Authorization Letter _____

This authorization is to remain in full force and effect until the Town of Holbrook receives written notice from me of its termination in such time and manner as to afford the Town of Holbrook and the specified bank named above a reasonable opportunity to act on the request.

CONSENT FORM FOR ELECTRONIC DELIVERY OF PAYROLL ADVICES

- If desired, you may receive these statements as email attachments encrypted with a password that you specify.
- If you do not provide consent, paper copies will be provided.
- Your consent will remain in effect until withdrawn.
- You may receive a paper copy at any time by withdrawing your consent.
- To withdraw consent, provide the withdrawal in writing to the Human Resources office.
- You may complete a new consent form at any time to make changes to your email address or password.
- A computer with email access and a program that can open PDF files are required to access, print, and retain statements.

TO REQUEST ELECTRONIC DELIVERY, PLEASE FILL OUT THE INFORMATION BELOW AND FORWARD TO THE HUMAN RESOURCES OFFICE.

I hereby request electronic delivery of the following statement: _____ Payroll Advices of Direct Deposits

PLEASE PRINT CLEARLY

Email Address: _____

Password: _____