



All Town of Wellesley employees are required to receive their compensation through direct deposit and their pay remittance through email unless otherwise exempt due to a collective bargaining agreement.

**Employee Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Department: \_\_\_\_\_

**Bank/Finance Institution Information:** If you choose to only have one account for your direct deposit, leave #2 and #3 blank. If using only one account, 100% of your pay will be deposited into it.

**(#1)** Name of Bank/Financial Institution: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking  Savings

**Choose One:** Amount \$ \_\_\_\_\_ or Percentage \_\_\_\_\_%

**(#2)** Name of Bank/Financial Institution: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking  Savings

**Choose One:** Amount \$ \_\_\_\_\_ or Percentage \_\_\_\_\_%

**(#3)** Name of Bank/Financial Institution: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking  Savings

**Choose One:** Amount \$ \_\_\_\_\_ or Percentage \_\_\_\_\_%

**Direct Deposit Notification:** Your paycheck "stub" will be emailed to you.

Email Address – **Please Print Clearly:** \_\_\_\_\_ @ \_\_\_\_\_

**Please attach a voided check or copy of a bank statement for verification**

I authorize the Town of Wellesley to deposit my payroll check to my account(s) at the financial institution(s) named above and to send my payroll remittance to the email address I have listed.

Signature \_\_\_\_\_

Date \_\_\_\_\_