



**Town of Allenstown**  
**Town Administrator**  
**16 School St.**  
**Allenstown, NH 03275**  
**603-485-4276 ext. 112**  
**smulholland@allenstownnh.gov**

## Employee Direct Deposit Initiation/Change Form

This form is to be used for employees new to the Direct Deposit service. This form may also be used for employees changing the account(s) to which their payback is deposited.

**Employee Instructions:**

1. Complete the employee required information section
2. Complete the Direct Deposit section to specify where you want your pay deposited
3. Sign the bottom of the form
4. Retain a copy of this form. Return the original to your employer

**Employer Instructions:**

1. Complete the employer required information section
2. Return this form to your local Advantage Office

**Employee-Required Information**

*Please Print*

Employee Name: \_\_\_\_\_  
 Employee Number: \_\_\_\_\_

**Employer-Required Information**

Client Name: \_\_\_\_\_  
 Branch/Client No: \_\_\_\_\_

- New/Additional Account     Change Account

### Complete for Direct Deposit

**I would like my wages/salary deposited to the following bank account(s):**

Bank Name	Type	Amount	Account Number
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

**REQUIRED DOCUMENTATION FOR EACH ACCOUNT: (we are unable to accept deposit tickets)**

- Voided Check for each checking account**
  - Bank letter or specification sheet for all other accounts\***
- \*See your local bank representative

Please note: It is the employee's responsibility to verify deposits on a per day period basis before writing checks against these funds. This authorization can take up to three (3) pay periods to activate. Neither your employer nor Advantage Payroll Services is responsible for bank errors or bank fees. You may cancel these Direct Deposit(s) at any time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Return this original form to your employer