



TOWN OF HOPKINTON

HUMAN RESOURCES DEPARTMENT

TOWN HALL
18 MAIN STREET
HOPKINTON, MASSACHUSETTS 01748

MICHELLE PATTEN
Benefits Coordinator

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DIRECT DEPOSIT FORM

Please print clearly

Employee Name _____

I hereby authorize the Town of Hopkinton to process my payroll direct deposit as follows:

_____ Check One: Checking or Savings
Bank Name

Account# Routing # Percent/Flat Amount

_____ Check One: Checking or Savings
Bank Name

Account# Routing # Percent/Flat Amount

_____ Check One: Checking or Savings
Bank Name

Account# Routing # Percent/Flat Amount

Employee Signature Date