I. PURPOSE

The purpose of Administrative Regulation is to outline the Direct Deposit function that is offered through Payroll by the Town of Meredith.

II. POLICY

1. Direct deposit is offered to all employees.

2. The Town of Meredith does not issue a paper advice of deposit or a “stub”, the deposit information is available through the Town of Meredith’s website; utilizing the Employee Service Portal.

3. To activate the service:
   a. Go to the Town of Meredith web site www.meredithnh.org
   b. Under the Government heading click on Employee Resource Center
   c. Under Links click on MyPayDocs
   d. Click on Enroll in the Employee Services Portal, enter information as requested. The employee name must be entered exactly as it appears on the advice of deposit – no commas or punctuation.

4. When returning, enter the correct username and password. Consult the Frequently Asked Questions link or the User’s Guide link for more information.

III. DOCUMENTATION:

1. To utilize direct deposit; the employee shall complete the “Direct Deposit Authorization” form and return to payroll. (Form Attached).

2. Payroll will initiate the direct deposit authorization on the next payroll from the date of submittal.

3. Authorization will remain valid until rescinded by the employee.
Town of Meredith
Direct Deposit Authorization

This authorizes the Town of Meredith to send credit entries (and appropriate debit and adjustment entries) electronically to my account(s) indicated below:

Deposit 1 – Type (check one) □ Checking □ Savings

_________________________________________________________________________
Bank Name                                                      Percentage or Dollar Amount
_________________________________________________________________________
Bank Routing Number (ABA)                                    Account Number

Deposit 2 – Type (check one) □ Checking □ Savings

_________________________________________________________________________
Bank Name                                                      Percentage or Dollar Amount
_________________________________________________________________________
Bank Routing Number (ABA)                                    Account Number

Deposit 3 – Type (check one) □ Checking □ Savings

_________________________________________________________________________
Bank Name                                                      Percentage or Dollar Amount
_________________________________________________________________________
Bank Routing Number (ABA)                                    Account Number

This authority will remain effect until adjusted or terminated in writing.

_________________________________________________________________________
Employee Signature                                           Date

[Image of a bank deposit slip with fields for Transit/ABA No. and Account No.]