



# Direct Deposit Authorization

(print this form, add your account number, and turn into your Human Resources department)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(please print)

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

### Please attach a Deposit ticket or voided check

Authorization:     \_\_\_New \_\_\_Change \_\_\_Stop

Account Type:     \_\_\_ Checking \_\_\_ Savings

Institution Name:     **Washington Savings Bank**  
Institution phone # **(978) 458-7999**

Amount of Deposit:     \_\_\_ % of net check **or** \$ \_\_\_\_\_

Bank Routing/Transit Number: **211374004**

Account Number: \_\_\_\_\_

Reminder: Write your account number here

(Additional direct deposits – optional)

\_\_\_New \_\_\_Change \_\_\_Stop                      Account Type: \_\_\_ Checking \_\_\_ Savings

Institution Name \_\_\_\_\_     \_\_\_ % of net check **or** \$ \_\_\_\_\_

Bank Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_     Institution phone # \_\_\_\_\_

I authorize the above company start crediting my account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicted above.

I understand that if my account(s) at the financial institutions(s) listed above have been changed or closed, I must inform the company in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Reminder: Sign, date and turn into your human resources department.