



Direct Deposit Authorization

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Please complete this form and return it to your payroll administrator with a cancelled check or deposit ticket.

Employer Information

_____ Employer Name	
_____ Employer Street Address	_____ Employer City, State & Zip

Bank Account Information

Bank: StonehamBank, A Co-operative Bank 80 Montvale Avenue Stoneham, Ma 02180	ABA/Routing Number: 211371586
Account Number: _____	
Account Type:	Checking Savings Money Market Other

Customer Information

_____ First Name	_____ Middle Initial	_____ Last Name
_____ Street Address		
_____ City, State & Zip	_____ Daytime Phone	
I authorize the above company to begin using the account listed above for my direct deposit, effective immediately.		
_____ Signature	_____ Date	

For assistance with Social Security deposits, please call 1-800-772-1213.

