



New Account Switch Kit

Direct Deposit Authorization

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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> 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.

