



Direct Deposit Authorization Form

I authorize _____ to deposit my net pay automatically into my
Name of Employer
account at Marblehead Bank. I also authorize my employer to adjust any over deposit made
in error.

Bank Information:

Marblehead Bank
21 Atlantic Avenue
Marblehead, MA 01945
781-631-5500

ABA/Routing Number: 211372996

Account #	_____	Amount \$	_____	Checking	Savings
Account #	_____	Amount \$	_____	Checking	Savings
Account #	_____	Amount \$	_____	Checking	Savings

Employee Information:

Employee Name: _____ Employee Number: _____
Employee Address: _____
Home Telephone: _____ Work Telephone: _____

Employee Signature: _____ **Date:** _____

Voided check is attached (*if applicable*)

Please note that Marblehead Bank can automatically change direct deposits from Social Security through the Quickstart program.