

# Direct Deposit Form

I hereby authorize my employer to deposit my net pay into my account at Eastern Bank as listed below. My employer is also authorized to adjust any over-deposit which is made to my account in error.

Name of Payee \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (including area code) \_\_\_\_\_

Work Telephone (including area code) \_\_\_\_\_

Checking/Savings Account #1 \_\_\_\_\_ Amount \$ \_\_\_\_\_

Checking/Savings Account #2 \_\_\_\_\_ Amount \$ \_\_\_\_\_

Routing #: **0113-0179-8**  Voided check attached.

Eastern Bank  
265 Franklin Street  
Boston, MA 02110-3113  
**1-800-EASTERN**

Employer Participant  
Company Name \_\_\_\_\_ Employee # \_\_\_\_\_

Payee  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**For  
Bank  
Use  
Only**

Date Application Received \_\_\_\_\_

Branch Cost Center \_\_\_\_\_

Representative's Signature \_\_\_\_\_

