Mandatory Direct Deposit
Enrollment Form

* Date Completed by Employee: _____

* Employee Name (Print): _____

* Social Security Number: _____

* Bank Name: _____

* Bank Transit Routing Number: _____

* ☐ Checking Account Number: _____

or * ☐ Savings Account Number: _____

*Transfer Amount: _____
If the entire net pay is the amount you want to transfer, write NET PAY.   If you are completing more than one direct deposit form, write the specific transfer amount on those.

*Employee Signature: _____

If you selected "Checking Account" above, you are <u>required</u> to attach a <u>voided check</u>
HERE

If you selected "Savings Account" and are unsure about Account or Routing numbers, please contact your local bank for assistance.

* PLEASE NOTE: All * information is required. Incomplete forms will be returned and processing of pay will be delayed. Direct Deposit of pay is a requirement of the Collaborative for Educational Services.

The Collaborative Payroll 413 586-4900 x5920