1 2 3 4

Checking Switch Kit
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 _____

Eastern Bank

Member FDIC