

Cape Cod Collaborative Direct Deposit Form



Attach a voided check or provide the Routing Number and Account Number below. If depositing to a savings account, please confirm the Routing Number for your account as it may be different than the number shown on your savings deposit slip.

I hereby authorize the Cape Cod Collaborative to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institution(s) indicated on this form. Further, I authorize the financial institution(s) listed to accept and to credit entries to my account(s). If the Cape Cod Collaborative deposits funds erroneously into my account, I authorize the Cape Cod Collaborative to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Cape Cod Collaborative receives written notice from me in such time and in such manner as to have reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____ Date: _____

I authorize the Cape Cod Collaborative to send deposit statements to the email address provided below:

Email Address: _____

Account Information (Be sure to indicate what kind of account along with the amount to be deposited.)

1. Bank Name _____

Routing Number _____ Account Number _____

_____ Checking _____ Savings _____ Other

Amount \$ _____ or _____ Entire Net Amount

2. Bank Name _____

Routing Number _____ Account Number _____

_____ Checking _____ Savings _____ Other

Amount \$ _____ or _____ Entire Net Amount

3. Bank Name _____

Routing Number _____ Account Number _____

_____ Checking _____ Savings _____ Other

Amount \$ _____ or _____ Entire Net Amount