

Direct Deposit Form



Complete this form for each account into which you would like funds to be direct deposited.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name of Bank: Cape Cod 5
1500 Iyannough Rd
Hyannis, MA 02601

ABA Routing #: 211371078

Account Number: _____

Type of Account: Checking Savings

Amount: \$_____, _____% or Entire Paycheck

Attach a voided check for each account for which funds should be deposited, if necessary.

_____ (Company Name) is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____ Date: _____