

THIS FORM IS USED TO INSTRUCT YOUR EMPLOYER, OR OTHER FUND ORIGINATOR, TO DIRECT RECURRING ELECTRONIC DEPOSITS TO YOUR CAMBRIDGE SAVINGS BANK ACCOUNT.\* TO SET UP DIRECT DEPOSIT, SIMPLY:

- 1. Complete the form by filling-out the fields below, then sign your name and date where indicated.
2. Submit the form to your employer or other fund originator.

EMPLOYER/FUND ORIGINATOR INFORMATION

Employer/Fund Originator Name:
Address:
Phone Number:
Employee ID# (if applicable):

YOUR INFORMATION:

Name:
Phone #:

I wish to deposit the following into my Cambridge Savings Bank Account:

Account#: \_\_\_\_\_

Payroll:
(Check one) [ ] Entire Net Pay [ ] % Net Pay [ ] Specified Amount: \$ \_\_\_\_\_

Other Fund Originator:
(Check one) [ ] Entire Net Amount [ ] % Net Amount [ ] Specified Amount: \$ \_\_\_\_\_

Bank Address:
Cambridge Savings Bank
P.O. Box 540047
Waltham, MA 02454

Cambridge Savings Bank ABA Routing Number: 211371120

I authorize \_\_\_\_\_ (Employer or Fund Originator) and the bank(s) listed above to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my account at Cambridge Savings Bank.

I understand that this authorization will remain in full force and effect until the company named here has received written notification from me of its termination in such time as to afford the company and depository a reasonable opportunity to act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This authorization form is valid only to initiate a direct deposit of funds to a Cambridge Savings Bank account. Participation in direct deposit is contingent upon your employer or fund originator offering the service and your eligibility to participate. Note that some fund originators (like Social Security) may require the use of a special form. Contact your employer or fund originator for details.