



Direct Deposit Form

To: **PAYROLL DEPARTMENT**

Subject: **DIRECT DEPOSIT**

This form serves as notification that I have established a checking or savings account with Happen Bank. Listed below are the relevant routing and account number(s) needed for you to establish payroll Direct Deposit to my Happen Bank account. If this form is not sufficient to establish Direct Deposit, please forward the authorized form for my signature.

Direct Deposit Account Information

Account Type (select one):

1 CHECKING ACCOUNT SAVINGS ACCOUNT

Happen Bank Account Number: _____

Happen Bank Routing/ABA Number: **211075086**

Deposit Amount (\$ or % of paycheck): _____

Account Type (select one):

2 CHECKING ACCOUNT SAVINGS ACCOUNT

Happen Bank Account Number: _____

Happen Bank Routing/ABA Number: **211075086**

Deposit Amount (\$ or % of paycheck): _____

HAPPEN BANK
P.O. BOX 55063
BOSTON, MA 02205-8031
Phone: 800.242.0272
Fax: 617.330.1061

Client Information

I hereby authorize my Direct Deposit to be sent to the account(s) listed above.

Name (Printed): _____

Signature: _____

Date: _____