

**Greater Boston Legal Services
197 Friend Street
Boston, MA 02114-1802
(617) 371-1234**

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Name _____ **Date** _____

Checking Account:

Deposit entire check, or _____

Amount: _____

Bank Name: _____

City: _____

Account #: _____

Routing #: _____

Savings Account:

Deposit entire check, or _____

Amount: _____

Bank Name: _____

City: _____

Account #: _____

Routing #: _____

Please attach a voided check or deposit slip with bank routing and account numbers.

Return to David White
Accounting Department