



DIRECT DEPOSIT AUTHORIZATION FORM

Complete this form to request direct deposit into your Salem Five checking or savings account.

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Bank: Salem Five Cents Savings Bank

Bank Routing Number: **211370558**

Account Type:

Checking

Savings

Money Market

Other

Name on Account: _____

Account Number: _____

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Email: _____

Signature: _____ Date: _____

Staple this form to a voided check or deposit ticket for the Salem Five account indicated above.

CONTACT INFORMATION: Contact Center: (800) 850-5000

210 Essex Street | Salem, MA 01970 mail@salemfive.com