



DIRECT DEPOSIT FORM

To: PAYROLL DEPARTMENT

Subject: DIRECT DEPOSIT

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

DIRECT DEPOSIT ACCOUNT INFORMATION

1) Select one: Checking Account* Savings Account

Radius Bank Account Number: _____

Radius Bank ABA Routing Number: 211075086

Deposit Amount (\$ or %): _____

2) Select one: Checking Account* Savings Account

Radius Bank Account Number: _____

Radius Bank ABA Routing Number: 211075086

Deposit Amount (\$ or %): _____

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

**Include a voided check with this form for reference.*

CLIENT INFORMATION

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

Name _____ Social Security Number _____

Signature _____ Date _____