



**Chelsea Public Schools**  
Business Office

City Hall  
500 Broadway  
Chelsea, MA 02150  
(617) 466-4475  
(617) 889-8328 (Fax)

**Employee Direct Deposit Enrollment Form**

To enroll in full service direct deposit, simply fill out the form and submit to the payroll department. A voided check or a direct deposit authorization form from your bank institution is preferred. If you do not have either form, please follow the directions below:

**IMPORTANT!** Please read and sign before completing and submitting.

I hereby authorize the Chelsea School Dept. to deposit any amounts owed me according to the account information below.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**Account Information:**

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  other  I wish to deposit: \$\_\_\_\_.\_\_\_\_ or  Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  other  I wish to deposit: \$\_\_\_\_.\_\_\_\_ or  Entire Net Amount

3. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  other  I wish to deposit: \$\_\_\_\_.\_\_\_\_ or  Entire Net Amount

