

UNIBANK

49 Church Street
Whitinsville, MA 01588

800.578.4270
UNIBANK.COM

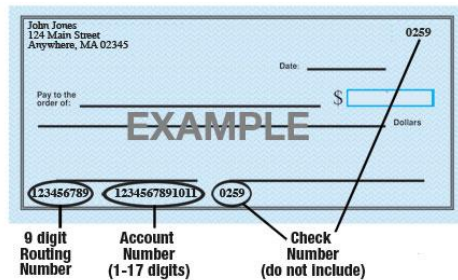
Direct Deposit Authorization Form

Please print and complete ALL information below.

Employee / Account Holder's Name: _____

Employee / Account Holder's Address: _____

City, State, Zip: _____



Name of Bank: UniBank for Savings

Account #: _____

Routing #: 211372378

Amount: \$ _____ or _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Employer Name: _____

Employer Address: _____

City, State, Zip: _____

_____ is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee / Account Holder's Signature: _____

Date: _____