



Direct Deposit Verification

Customer Information		
Depositor Name		
Address		City, State ZIP
Direct Deposit Information		
<input type="checkbox"/> Checking	Bank Routing No. 211870935	Account No.
<input type="checkbox"/> Checking 2	Bank Routing No. 211870935	Account No.
<input type="checkbox"/> Savings 1	Bank Routing No. 211870935	Account No.
<input type="checkbox"/> Savings 2	Bank Routing No. 211870935	Account No.
<input type="checkbox"/> Money Market	Bank Routing No. 211870935	Account No.
Origin of Deposit		<input type="checkbox"/> Social Security Disability Insurance (SSDI)
<input type="checkbox"/> Payroll		<input type="checkbox"/> Massachusetts State Supplement Program (SSP)
<input type="checkbox"/> Social Security (SSA)		<input type="checkbox"/> Pension/Retirement Benefits
<input type="checkbox"/> Supplemental Security Income (SSI)		<input type="checkbox"/> Veterans Benefits
Amount of Deposit		
Bank Representative Verification		
_____ Signature of Bank Representative		_____ Date
_____ Name/Title of Bank Representative		