



CAPE COD SEA CAMPS

DIRECT DEPOSIT ENROLLMENT FORM

RESIDENT CAMP _____ DAY CAMP _____ OFFICE _____ SUPPORT STAFF _____

Employee Name _____ Date _____

Bank Name: _____

Routing Number: _____

Account Number _____ Checking _____ Savings _____

Deposit Amount: (Total Amount or \$, %) _____

Your payroll may be split between two (2) accounts. If you choose this option, the difference between your first deposit amount above and your net pay will be deposited below. **To insure accuracy, you must attach a voided check(s) (or a bank issued direct deposit form for a saving account) to this form.**

Deposit all the remainder of my pay to:

Bank Name: _____

Routing Number: _____

Account Number _____ Checking _____ Savings _____

To insure accuracy, you must attach a voided check(s) (or a bank issued direct deposit form for a saving account) to this form.

Employee Authorization _____