



Leader Bank, N.A.
180 Massachusetts Avenue
Arlington, MA 02474
Tel. 781-646-3900 / Fax 781-646-3910
www.leaderbank.com

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize _____ [or "Employer"] to initiate automatic deposits to my account at the financial institution named below. I also authorize the Employer to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the Employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Employer receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Client Information

Name: _____

Social Security Number: _____

Authorized Signature: _____ Date: _____

Account Information

Name of Financial Institution: **Leader Bank, N.A.** Routing Number: **011307129**

New Account #: _____ Checking Savings

Please attach a voided check or deposit slip and submit this form to your Employer's Payroll Department. Your employer may have another form for you to complete.

*Please do not use this form for any government agency checks.
A separate form is provided for that purpose in this package.*

