

## Direct Deposit Enrollment

New Request    Change Request

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the Cambridge Trust Company account specified below.

**Please complete and sign this form, then submit it to the appropriate organization.**

\_\_\_\_\_  
Company/Agency Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Effective immediately, begin using this new account number to process my direct deposit. Please change your records to reflect my new account information as follows:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone Number

Tax ID/SSN: \_\_\_\_\_

My Bank is **Cambridge Trust Company**

New Account # \_\_\_\_\_

Type of Account:    Checking    Savings    Money Market

Cambridge Trust Company Routing #: 011-300-595

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Reminders:

- If you are transferring your account from another financial institution, it is recommended that you maintain accounts at both financial institutions until your direct deposit transfer is complete.
- If you would like information regarding when your direct deposit transfer will become effective, contact the organization that generates your direct deposit.
- The organization may require you to complete additional forms in order to process your transfer.