



Direct Deposit for Savings Form

Version 2.1

This form is to be completed by a Bank Representative.

Employee Name:	
Social Security Number:	
Bank Name:	
Bank Transit Number:	
Employee Account Number:	
The Account was opened in the state of:	
Bank Representative Name:	
Branch Address (street, city):	
Telephone Number:	
Bank Representative Signature:	Date:

Please hand deliver this completed form to:

Boston College
Human Resources Service Center
More Hall 370
140 Commonwealth Avenue
Chestnut Hill, MA 02467-3819

Phone: (617) 552-4772 Fax: (617) 552-2848