



DIRECT DEPOSIT FORM

Please fill out the information below:

Name of Employee: _____

Bank Name/City/State: _____

Routing/Transit Number: _____

Account Number: _____

PLEASE ATTACH A VOIDED CHECK

Where would you like the money to go?

Checking

Savings

I wish to deposit: \$ _____

OR

The entire net amount

Please return this form to Hannah Hastings in our Payroll Department at:

hannah@marczlegal.com

If you have any questions, call Hannah at 617-338-1300