

**Care New England
BANK AT WORK ENROLLMENT FORM**

Employee Name: _____ Employee No. _____
(Please print)

I hereby authorize and request Care New England to make payment of any amounts owed to me for either deposit of net pay or payroll deduction as indicated below. By initiating entries to my account indicated below in the bank named below, I authorize and request this bank to accept any credit entries initiated by Care New England to such account and to credit the same account without responsibility for the correctness thereof:

I also authorize Care New England to debit my account for the purpose of correcting an erroneous payroll credit entry initiated by Care New England provided that I have received written notification of such correction and the reason therefore:

BANKING INSTITUTION #1 Name: _____

TRANSIT ROUTING NO: _____
Checking Account #: _____ Amount of Deposit: _____
Savings Account #: _____ Amount of Deposit: _____
 New Enrollment (no existing accounts on file)
 Add (this account and keep all existing accounts) **Change** **Delete**

BANKING INSTITUTION #2 Name: _____

TRANSIT ROUTING NO: _____
Checking Account #: _____ Amount of Deposit: _____
Savings Account #: _____ Amount of Deposit: _____
 New Enrollment (no existing accounts on file)
 Add (this account and keep all existing accounts) **Change** **Delete**

IMPORTANT INFORMATION

All new enrollments and changes to existing accounts will take 2-3 weeks while the information is being updated. **During that time, you will receive a paper check. CNE, WIH and Kent only**

***To ensure your deposit is properly credited, we require a voided check for a **checking account** to verify account information. For a **savings account**, documentation on bank letter head with your routing and account number is required.

*****Direct deposit is not guaranteed*****

Employee Signature _____ Date _____

Return completed form to: CNE Payroll Office **Or** Fax to: 401-736-4606
Butler Campus - Chambers Building 3rd Floor

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For Payroll Use Only

PRE-NOTE: _____ ACTIVATED: _____