



Authorization For Direct Deposit/Payroll Deduction

Name: _____ Social Security #: _____

Employer: _____ Account #: _____

Deposit The Following: ☐ Net Pay ☐ Other: _____ Into Account Type: ☐ Checking ☐ Savings

Choose One Of The Following: ☐ New Direct Deposit/Payroll Deduction ☐ Change/Correct Amount
☐ Cancel Direct Deposit

Signature: **X** _____ Date: _____

Routing And Transit Number
272483316

Your company is authorized to initiate credit and correcting entries to the account and financial institution specified. **Your company may require you to complete additional forms to begin direct deposit.**

EMPLOYER COPY