

Direct Deposit



Complete this form and give it to your employer / payer.

If they prefer to use their own form, you can use this as a reference.

Deposit Account #1	Bank Name: _____
Account Number: _____	Deposit Amount: <input type="text"/>
Routing Number: _____	(Percentage or dollar amount)
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Deposit Account #2	Bank Name: _____
Account Number: _____	Deposit Amount: <input type="text"/>
Routing Number: _____	(Percentage or dollar amount)
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Deposit Account #3	Bank Name: _____
Account Number: _____	Deposit Amount: <input type="text"/>
Routing Number: _____	(Percentage or dollar amount)
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

I authorize _____ (company name) to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account(s) listed above. I understand that this authorization replaces any previous authorization, and will remain in effect until the company named above has received written notification from me of its termination in a reasonable enough time to act.

George Abbott
VP, Consumer Banking

Name: _____

Signature: _____

Date: _____

