Direct Deposit Form



Authorization for Automatic (Direct) Deposit

Company Name:					
I/We authorize the COMPANY (named ab entries to correct an erroneous credit entr the purpose of automatically depositing for of these transactions must comply with the	ry to my/our unds to my/o	account at thour account.	ne DEPOSITORY	(identified b	elow), for
Depository Name:					
Branch:	Phone:	Phone:			
City:		State	e:	Zip:	
Routing Number:					
Account Number:					
			☐ Change to Pre	evious 🔲 Te	ermination
I/We understand that this authorization rand effect until the COMPANY has received in such time and in such manner as to afto act on it.	ed written r	otification fr	om me (or eithe	r of us) of its	termination
Name(s) (Print or Type):					
ID#:					
(Signature)	(Date)	Signature)			(Date)
Place void	ed check o	or deposit sl	lip here.		

Member FDIC Revised 06.2025