

DIRECT DEPOSIT AUTHORIZATION FORM

Please print and complete this form and send it to each organization that provides a direct deposit into your account.

EMPLOYER AND/OR COMPANY INFORMATION:

YOUR INFORMATION:

Company name

Name

Address

Social Security Number

City, State, ZIP

Address

Home Phone Work Phone

City, State, ZIP

Home phone Work phone

Please deposit my _____ (type of check: payroll, social security, etc.)
according to the following:

Paper City Savings

Routing number: _____ 275971498 _____

Account number: _____

Checking _____ Savings _____

I hereby authorize the above named to deposit my paycheck or other distribution as indicated above. This request is to replace any previous authorization and remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of my authorized amount or then current salary may then be withdrawn without liability or prior notice. If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

Signature

Date