

Payroll Direct Deposit Authorization

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

CUSTOMER INFORMATION

Company Name:

Employee Name:

SSN:

Phone Number:

Employee Address:

In this Payroll Direct Deposit Authorization document, the term “**The Bank**” refers to Citizens.

Direct Deposit Request and Authorization

I (we) hereby authorize the company named (“Company”) above to initiate credit entries to my (our) account(s) indicated below at the depository financial institution (“Bank”) named herein, and to credit same to such account(s) (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law and NACHA. This authorization is to remain in full force and effect until Company named above has received written notification from me (or either of us) of termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act.

NOTE: Funds can be deposited into one account, or split between accounts as a set percentage or dollar amount.

From my net pay each period, I hereby authorize and request you to:

DEPOSIT: % or \$	TO: ACCOUNT #:	ROUTING #:	ACCOUNT TYPE:
DEPOSIT: % or \$	TO: ACCOUNT #:	ROUTING #:	ACCOUNT TYPE:
DEPOSIT: % or \$	TO: ACCOUNT #:	ROUTING #:	ACCOUNT TYPE:

Employee’s Signature:

Date:
