DIRECT DEPOSIT AUTHORIZATION FORM

Use this form to request the direct deposit of your pay to your First State Bank personal checking account. You will need to provide this information to your employer with any other additional information and authorization they need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

DIRECT DEPOSIT AUTHORIZATION (ACH CREDIT)

I hereby authorize (company name) _____ , hereinafter called COMPANY, to make payment of any amount owed to me for compensation by initiating credit entries to my account indicated below at FIRST STATE BANK , and I authorize and request FIRST STATE BANK to accept credit entries initiated by COMPANY to such account and to credit the same account without responsibility for the correctness thereof. It is understood that in signing this agreement, I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation of overpayment

EMPLOYEE NAME:_____

SOCIAL SECURITY #:_____

ADDRESS: _____ CITY, STATE, ZIP: _____

EFFECTIVE _____ , I authorize COMPANY to credit my FIRST STATE BANK account.

☐ NEW AUTHORIZAITON ☐ CHANGE TO PREVIOUS ☐TERMINATION

This Direct Deposit Authorization terminates any previous authorization received by the COMPANY from me.

FIRST STATE BANK INFORMATION

FIRST STATE BANK ROUTING/ABA #: 0 8 2 9 0 2 0 0 3

FIRST STATE BANK ACCOUNT #: _____

☐ CHECKING ☐SAVINGS

Please remember to attach a voided check from your FIRST STATE BANK account.

I further understand this authorization may be terminated by me at any time by written notification to my employer or FIRST STATE BANK. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on in. Any such notification to FIRST STATE BANK shall be effective only with respect to entries credited to my account by FIRST STATE BANK after receipt of such notification and a reasonable time to act on it.

Account Owner Name (Printed)	Account Owner Name (Signature)	Date
Account Owner Name (Printed)	Account Owner Name (Signature)	Date