

BrannenBank

- Financial Solutions Since 1926 -
Direct Deposit Authorization

Company Name

Company Address

Please change the direct deposit of my payroll to my bank account listed below:

Employee First Name

Middle

Last Name

Address

City

State

Zip Code

Phone Number

Social Security Number

Date of Birth

Employee ID if applicable

New Account Information

Account Type: Checking Savings

Account Number: _____ ABA Routing #: _____

Per Pay Period: Entire Net Pay **OR** Percentage: _____% **OR** Dollar Amount \$ _____

I hereby authorize my employer, _____ (Company Name) to deposit my paychecks directly to my Brannen Bank Account listed above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written authorization to terminate this service.

X _____

Employee Signature

_____ Date