

Direct Deposit Sign-Up Form

This form allow	vs you to provide writte	en authorization to your emplo	yer to begin or change	e the direct deposit of	your payroll.
Date					
Employer's Na	ime				
Address		City	State	Zip code	
Check one:					
Begin	depositing my payche	eck electronically with direct de	eposit.		
Chan	ge the account my pay	check is being deposited into			
Please have n	ny payroll check auto	omatically deposited as follo	owed:		
Full amount	Specific amount \$	Specific percent%	Full amount	Specific amount \$	Specific percent%
Financial Instit	ution: First Nat	ional Bank & Trust	Financial Institu	tion: First Natio	onal Bank & Trust
Routing Number: 091101730			Routing Number: 091101730		
Account Number:			Account Number:		
If you have an	iy questions, please	contact me at: (phone numbe	ər)	D	ay Evening
Signature (sigr	n in the presence of a	notary public if required by you	ur employer)		
NOTE: Attach	a voided check from	n your First National Bank &	Trust account when	returning the form t	o your employer.
Notary Public (I (SEAL)	Please verify with your	employer if notary is required)			
Signature					
Notarized this	day of	, 20			
County of					
State of					
Commission exp	ires				