



# Direct Deposit Sign-Up Form

This form allows you to provide written authorization to your employer to begin or change the direct deposit of your payroll.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Address City State Zip code

**Check one:**

Begin depositing my paycheck electronically with direct deposit.

Change the account my paycheck is being deposited into

**Please have my payroll check automatically deposited as followed:**

Full amount	Specific amount \$ _____	Specific percent% _____	Full amount	Specific amount \$ _____	Specific percent% _____
Financial Institution: <u>First National Bank &amp; Trust</u>			Financial Institution: <u>First National Bank &amp; Trust</u>		
Routing Number: <u>091101730</u>			Routing Number: <u>091101730</u>		
Account Number: _____			Account Number: _____		

If you have any questions, please contact me at: (phone number) \_\_\_\_\_ Day Evening

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature (sign in the presence of a notary public if required by your employer)

**NOTE: Attach a voided check from your First National Bank & Trust account when returning the form to your employer.**

**Notary Public (Please verify with your employer if notary is required)**  
(SEAL)

Signature \_\_\_\_\_

Notarized this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

Commission expires \_\_\_\_\_