

DIRECT DEPOSIT



This form allows you to provide written authorization to your employer to begin or change the direct deposit of your payroll. Many employers will provide you with a standard company form. Whether you use this form or your company's form, you can anticipate your first payroll to appear as an electronic deposit in your account within four to six weeks.

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 deposit my payroll as follows:

Full amount Specific amount \$ _____

Financial institution: **Associated Bank**

Associated Bank routing number: **075900575**

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)

Joint account holder name

Joint account holder signature (sign in the presence of a notary public)

Notary Public
(SEAL)

Signature _____

Notarized this _____ day of _____, 20 _____

County of _____

State of _____

Commission expires _____