



DIRECT DEPOSIT AUTHENTICATION

COMPANY INFORMATION

NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your employer.

Company Name _____

Company Address _____

City _____

State _____

Zip _____

CHANGE OF ACCOUNT

Please change the account used for Direct Deposit of my net pay to my new bank account:

Employee Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

State _____

Zip _____

Phone (Day) _____

Employee ID# _____

Social Security # _____

MY NEW ACCOUNT INFORMATION

Account Type

Checking

Savings

Account Number _____

Routing # ABA #

075906854

I hereby authorize my employer, _____ (company name) to deposit my paychecks directly to my Hometown Bank Account indicated 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 notice to terminate this service.

Employee Signature _____

Date _____