

Direct Deposit Authorization Form

Use this form to establish or transfer Direct Deposits.* Complete and sign this form, attached a voided check for accuracy, and send to proper business or employer's payroll department.

Account Holder Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Please have my check automatically deposited into the account(s) below. Your Firsttrust Banking Specialist will include the account and routing numbers once your account is opened, and deliver the form to you for you to share with your employer.

Checking Savings

I authorize _____
Name of Business/Employer

and Firsttrust to automatically deposit all future checks into my account listed below. (This included my authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Signature: _____ Date: _____

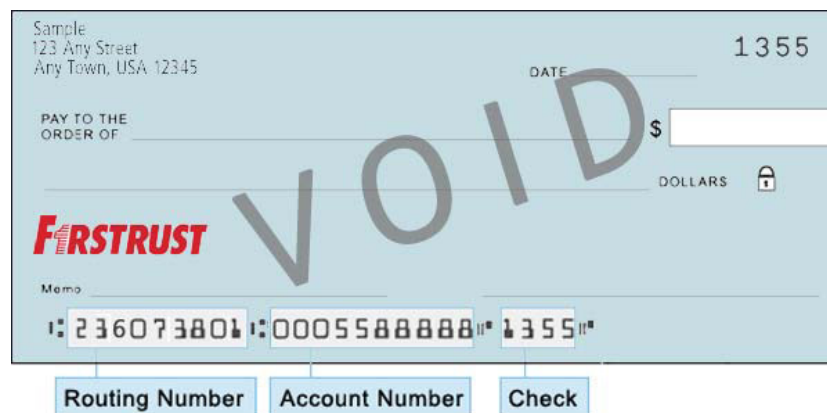
Checking Savings

Routing #: 236073801

Checking Account #: _____ Deposit Amount: \$ _____

Savings Account #: _____ Deposit Amount: \$ _____

Sample Check



***Direct Deposits** are recurring payments automatically deposited into your account on a regular basis. Examples are payroll, social security, alimony, disability or disability payments.