

Direct Deposit Authorization Request

Name (Print)

Name (Print)

Employer/Company

Employee Social Security No.

I hereby authorize _____, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution, Peoples Bank, to credit and to debit the same such account. This authority is to remain in full force and effect until COMPANY, has received written notification from me of its termination in such time and in such manner as to afford COMPANY, and Peoples Bank a reasonable opportunity to act on it.

Checking Account Number _____

Signature of Employee

Peoples Bank Routing Number - 111916656

IMPORTANT: Please attach a voided Personal Check or Deposit Slip

Allow at least one to two pay periods for processing

Note to employer: If your company requires a special form to process the Direct Deposit request, it would be appreciated to please forward the appropriate form to the employee named within this request. Questions? Call 903-783-3800