## **Direct Deposit Authorization**



Attach Voided Check Here (Do not attach a deposit slip)

Date		
Company Name		
Address		
City	State	Zip
Social Security #		
To Whom It May Concern:		
You are currently depositing my of following account:	direct deposit in v	vhole or in part into the

**Account Number:** 

**Routing Number:** 

Old Bank:

This memo serves as notification that I have established a new checking or savings account with Union State Bank. Attached you will find a voided check from my account.

Listed below are the relevant account and routing numbers needed for you to establish Direct Deposit to my new Union State Bank account.

Union State Bank Routing Number: 101100993			
Account:	Deposit Per Pay Period: Write "Entire check" if depositing full amount	Account Number:	
Checking	\$		
Savings	\$		
Money Market	\$		
Other	\$		

If you have any questions about this request, please contact me.

Signature	Effe	ective Date
Name (Please Print)		
Address	<del></del>	
City	State	Zip
Phone		

If this form is not sufficient to establish direct deposit, please forward the authorized form for my signature.