

# Payroll Deposit Authorization Form

Use this form to request the direct deposit of your payroll check to your Peoples State Bank Account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

## DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) \_\_\_\_\_, hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Peoples State Bank, and I authorize and request Peoples State Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof.

It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_

*(NOTE: For Social Security Direct Deposit assistance, please call the Social Security Administration Direct Deposit Department at 1-800-772-1213 or sign up online at [www.ssa.gov/deposit](http://www.ssa.gov/deposit).)*

Please send an automatic direct deposit to:

Peoples State Bank Checking Account Number: \_\_\_\_\_

Peoples State Bank Routing Transit Number: 113121384

Please discontinue sending my automatic direct deposit to:

Previous Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_

Please begin sending the same deposit to Peoples State Bank

Deposit \$ \_\_\_\_\_ OR entire amount to Checking Account #: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ OR entire amount to Savings Account #: \_\_\_\_\_

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Peoples State Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Peoples State Bank shall be effective only with respect to entries credited to my account by Peoples State Bank after receipt of such notification and a reasonable time to act on it.

Primary Account Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Member FDIC