



First Neighbor Bank, N.A.
"Superior financial services with a local touch"

Authorization Agreement for **First Neighbor Bank Direct Deposit**

Please review and complete the following information. Return this form to your employer's human resource office.

Direct Deposit Authorization		
Name		SSN
Address (Street)		
City	State	Zip
Company Name		
Company Address		
Company City	State	Zip

Deposit Instructions
<input type="checkbox"/> Deposit entire amount to checking account Account no. _____
<input type="checkbox"/> Deposit to savings Account no. _____ and remaining amount to checking account no. _____

Signature

I hereby authorize:

- Above listed entity to initiate credit or debit entries if necessary, to correct any credit entries made in error, to my checking or savings account at First Neighbor Bank.
- First Neighbor Bank to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Your Signature _____ Date _____