



DIRECT DEPOSIT AUTHORIZATION FORM

This form authorizes an employer to deposit payroll or other checks into your new Friendship State Bank account. Please complete one form for each automatic deposit you wish to change. Provide as much information as possible- the information can be found on your new account agreement and your employee benefits statements.

Complete this form and forward to your Human Resources or Payroll Department.

To:

Employer Name

Employer Address

City, State Zip

From:

Employee Name

Employee ID Number

Social Security Number

Employee Address

City, State Zip

Telephone

I hereby authorize deposit of my net pay into the account(s) noted below. I further authorize any adjustment entries necessary to correct deposits made in error. This authority is to remain in force until I provide a written notice of its termination.

Friendship State Bank Checking Account Number:

Friendship State Bank Savings Account Number:

Friendship State Bank Routing Number: 074909988

Employee Signature

Date

Employer—If you are unable to accept this form, please forward your authorization form to this employee.