

SWITCH KIT

Direct Deposit Authorization Form

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Sullivan Bank account. Use one form for each direct deposit.

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Direct Deposit Authorization Notification

Company or Employer:

Company ID Number:
(if applicable)

Address:

City, State, Zip:

Phone Number:

Effective immediately, please deposit the net amount of my check to my Sullivan Bank account. I authorize (name of depositor) to automatically deposit funds into the accounts below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place an X next to your desired option.

Net amount to Sullivan Bank CHECKING
Account # Routing # **081905302**

Net amount to Sullivan Bank SAVINGS
Account # Routing # **081905302**

Signature: **Date:**

Name:

Address:

City, State, Zip:

Phone Number:

Direct Deposit Checklist

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

- Payroll
- Investments
- Retirement Plans
- Social Security