EASY SWITCH

Direct Deposit of Payroll ☐ New ☐ Change ☐ Stop

Employer Name	Employer Identification Number

I authorize the above named company and the financial institution listed below to electronically deposit my net pay to the specified account each payday

Bank Name -- **First Bank**	Account type: ☐ checking ☐ savings	_____% **Or** $ _____ of net check
City	State	Zip Code
Bank Transit/ABA number -- **053104568**	Account number	
Bank Name -- **First Bank**	Account type: ☐ checking ☐ savings	_____% **Or** $ _____ of net check
City	State	Zip Code
Bank Transit/ABA number -- **053104568**	Account number	

If monies to which I am not entitled are deposited to my account, I authorize my **Employer** to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said **Employer**

Employee Name (please print)		Employee Identification Number
Date	Signature	

Link to Social Security Administration:

http://www.ssa.gov/deposit/howtosign.htm