



# Direct Deposit Enrollment

New Request     Change Request

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the Centier Bank accounts specified below.

Name	Social Security Number
Address	
City, State, Zip Code	

I hereby authorize (company/organization) \_\_\_\_\_, hereinafter called "ORIGINATOR", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY", to credit and/or debit the same to such account.

## Primary Account

Depository Name <b>CENTIER BANK</b>	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number <b>0 7 1 9 0 2 8 7 8</b>	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____

If the ORIGINATOR allows direct deposit to more than one account, I elect to have part of my proceeds put into the following account:

## Optional Secondary Account

Depository Name <b>CENTIER BANK</b>	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number <b>0 7 1 9 0 2 8 7 8</b>	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____

This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date