



<u>Direct Deposit Disclaimer</u>: If you are eligible for and choose to enroll in Direct Deposit we recommend that you verify with your bank or financial institution when your funds would be posted to your account and made available to you. Each bank and financial institution has its own process for funds availability.

Do You Want Direct Deposit? Yes your branch representative for processing).	No (If yes, please attach a voided check to	this form and forward to	
Account #1:			
Employee Bank Name:			
Bank Routing (ABA) #:			
Amount:	Oh a alvin a		
Account #2 (optional):			
Employee Bank Name:			
Bank Routing (ABA) #:	Account No.:		
Amount:	Checking	Savings	
Note: This Process May Take Up To 2-3 I hereby authorize by my employer, by initiating credit entries to my form. Further, I authorize Bank to accept and to devent that the Company deposits funds erroneous amount not to exceed the original amount of the receives a written termination notice from myself and the company deposits funds erroneous amount not to exceed the original amount of the receives a written termination notice from myself and the company deposits funds erroneous amount of the receives a written termination notice from myself and the company deposits funds erroneous amount of the receives a written termination notice from myself and the company deposits funds erroneous amount of the receives a written termination notice from myself and the company deposits funds erroneous amount of the receives a written termination notice from myself and the company deposits funds erroneous amount of the receives a written termination notice from myself and the company deposits funds erroneous amount of the receives a written termination notice from myself and the company deposits funds erroneous amount of the receives a written termination notice from myself and the company deposits funds erroneous amount of the receives a written termination notice from myself and the company deposits funds erroneous and the company deposits erroneous and the compa	account at the financial institution (hereinafter credit any credit entries indicated by the Compasty into my account, I authorize the Company to erroneous credit. This authorization will be in	s owed me, as instructed "Bank") indicated on this any to my account. In the odebit my account for ar	
Signature		Date	
Print Name			
Please submit completed form to your bran	nch representative via fax or mail. The safety a	and security of your	

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financial information is of primary importance to us. Due to the sensitive nature of the information; submitting electronically is not advised without the use of a secure web portal, and if done so, will be at your own risk.