



**AUTHORIZATION FOR DIRECT DEPOSIT
SOCIAL SECURITY / GOVERNMENT BENEFITS**

Name (Print): _____

Social Security Number: _____

Address: _____

City/State/Zip: _____

Type of Benefit: Social Security SSI Other _____

Deposit Information

ACCOUNT TYPE: Checking Savings/MM

BANK NAME: Edgewater Bank

ROUTING/TRANSIT NUMBER: 272471153

BANK ACCOUNT NUMBER: _____

BANK ACCOUNT IN NAME OF: _____

I authorize _____ and Edgewater Bank to automatically
(Name of Organization)
deposit funds owed to me into my account listed above. This authorization supersedes any
previous authorization, and will remain in effect until I file a new authorization, or until this
authorization is revoked by me in writing.

Customer Signature

Date