



AUTHORIZATION FOR DIRECT DEPOSIT
(Submit this form to your employer or payroll department for processing.)

Employee Name (Print): _____

Address: _____

City/State/Zip: _____

Employee Number (if any): _____

Deposit Information

ACCOUNT TYPE: ___ Checking ___ Savings/MM

BANK NAME: Edgewater Bank

ROUTING/TRANSIT NUMBER: 272471153

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

I authorize _____ and Edgewater Bank to automatically
(Employer Name)

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.

Employee Signature

Date