

# Direct Deposit Authorization Form

To: \_\_\_\_\_ (henceforth the "**Company**")  
employer / company name

\_\_\_\_\_  
employer / company address

\_\_\_\_\_  
city state zip

Effective \_\_\_/\_\_\_/\_\_\_\_\_, I authorize the **Company** to credit my First American Bank Checking and/or Savings accounts indicated below and to credit the amounts below.

## FIRST AMERICAN BANK

Bank Name: **First American Bank**

ABA Routing Number: **071922777**

Account Type:  Checking  Savings

Account Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ % **OR** \$ \_\_\_\_\_ (flat amount) **OR**  Remaining

Account Type:  Checking  Savings

Account Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ % **OR** \$ \_\_\_\_\_ (flat amount) **OR**  Remaining

\*If the employer/company prefers or requires their own form, use the account type, number and ABA routing number above to help complete their form.\*

## Customer Authorization

\_\_\_\_\_  
first name middle name last name (print)

\_\_\_\_\_  
address

\_\_\_\_\_  
city state zip

Signature \_\_\_\_\_

Date \_\_\_\_\_