

# PAYROLL/DIRECT DEPOSIT AUTHORIZATION

Use this form to request the direct deposit of your payroll check to your Cleveland State Bank account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

## Authorization

I hereby authorize (company name) \_\_\_\_\_ hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Cleveland State Bank, and I authorize and request Cleveland State Bank to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of described payment entry in the event of error in calculation or overpayment.

Employee Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Security # \_\_\_\_\_

*Note: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at [www.ssa.gov/deposit](http://www.ssa.gov/deposit)*

## New direct deposit account information

### + Send an automatic direct deposit to:

Cleveland State Bank Checking Account Number \_\_\_\_\_

Cleveland State Bank Routing & Transit Number \_\_\_\_\_

Deposit \$ \_\_\_\_\_ OR entire amount to Checking Account # \_\_\_\_\_

Deposit \$ \_\_\_\_\_ OR entire amount to Savings Account # \_\_\_\_\_

### + Discontinue sending my automatic direct deposit to:

Previous Financial Institution \_\_\_\_\_

Account # \_\_\_\_\_

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Cleveland Sate Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Cleveland State Bank shall be effective only with respect to entries credited to my account by Cleveland State Bank after receipt of such notification and reasonable time to act on it.

Primary Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_