Direct Deposit Authorization Form

Personal Information

First Name	Last Name	
Street Address		
City	State	Zip Code
Work Phone	Home / Cell Phone	
Social Security Number or TIN	Employee ID Number (if ap	plicable)
Employer Name	Employer Phone	
Old Account Informati	ion	
Previous Account Number (if appli		applicable)
Amount		
New Account Information	tion	
Bank: Sterling State Bank	New Bank Routing #: 0919	000944
New Account Number	Effective Date:	
New Account Type O	Thecking or O Savings	
Amount	_ % of Net Pay or \$	
Signature	Date	

Use this form to notify any company making automatic deposits into your current checking and/or savings account(s). For payroll deposits take this form to your Human Resources Department.

Automatic Deposits

For Social Security benefits please call 1-800-772-1213.

For Department of Veterans Affairs please call 1-877-838-2778.

You may also complete
the Treasury Department
Standard Form 1199a
to request an
automatic deposit change
for Social Security or
other government
payments.

MAKE SURE TO ATTACH A VOIDED CHECK TO THIS FORM.

