



Direct Deposit Form

Personal Information:

Name: _____

Address: _____

Daytime Phone Number: _____ Social Security Number: _____

Account Information:

Account Type: Checking Savings Money Market

Account Number: _____ Routing Number: 231373182

Payer Information:

Organization Name: _____

I authorize you to electronically deposit my pay each payday into my new Penn Community Bank account. Please use the above information and my signature as authorization, or contact me with any questions.

Signature: _____ Date: _____

NOTE: ATTACH A VOIDED CHECK OR WITHDRAWAL FORM TO COMPLETE YOUR REQUEST. YOU WILL THEN HAND THIS FORM INTO YOUR COMPANY'S PAYROLL DEPARTMENT. BE SURE TO VERIFY WHEN YOUR DEPOSIT IS STARTING INTO YOUR NEW FIRST FEDERAL OF BUCKS COUNTY ACCOUNT, SO THAT YOU CAN PLAN ACCORDINGLY.

