

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 _____