	Direct Deposit Tr	ansfer Lett	ter	
	Complete and sign this form for every party [i.e. employer, vendor] initializing a direct deposit to your account. Then, give the signed form to the party making the direct deposit.			
	Establish Direct Deposit	□ Change my existing Di	rect Depos	it
Company Information	Company Name Address City			
	City	State		Phone #
Customer Information	Name Social Security #	Employee ID#/A	ccount #	
	Address City	State	Zip	Phone #
3ank nformation	HSBC Bank: USA, N.A. Routing Number: 022000020			
Deposit	Note: You can route your direct deposit to more than one account.			
Information	<ol> <li>Account Type:</li> <li>Online Payment Account</li> <li>Online Savings Account Account Number:</li> <li>Amount \$ or % (circle one)</li> </ol>	2. Account Online Pa Online Sa Account Nu Amount \$ o	ayment Acc avings Acco mber:	
	I authorize [employer/company] to make deposits directly to my HSBC Bank USA, N.A. account(s) indicated above, and authorize the Bank to accept such deposite			
	Customer Signature			Date



HSBC Online Payment Switch Kit