Direct Deposit Authorization

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Citizens Independent Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change

Company or Employer: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Employee ID: _____

Effective immediately, please deposit the net amount of my check to my Citizens Independent Bank account. I authorize (name of depositor) _____ to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Select your desired option.

☐ **Net amount to Citizens Independent Bank CHECKING**

Account # _____ Routing # 091016566

☐ **Net amount to Citizens Independent Bank SAVINGS**

Account # _____ Routing # 091016566

Signature: _____

Name: _____

Date: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Citizens cib INDEPENDENT Bank