



## Authorization Agreement for **Washington Savings Bank Direct Deposit**

Please review and complete the following information. Return this form to your employer's human resources office.

### **Direct Deposit Authorization**

Name	SSN	
Address (street)		
City	State	Zip
Company Name		
Company Address		
Company City	State	Zip

### **Deposit Instructions**

Deposit \$ to checking  
Account No.

Deposit \$ to savings  
Account No.

and remaining amount to checking account No.

**Washington Savings Bank**  
**200 South Banker Street, PO Box 707**  
**Effingham, IL 62401**  
**Transit/ABA # 281271014**

### **Signature**

I hereby authorize:

- Above listed entity to initiate credit or debit entries if necessary, to correct any credit entries made in error, to my checking or savings account at Washington Savings Bank.
- Washington Savings Bank to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_