



## 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

<p>Deposit Instructions</p> <p>Deposit entire amount to checking account</p> <p>Account No.</p> <p>Deposit \$ to savings</p> <p>Account No.</p> <p>and remaining amount to checking account No.</p> <p><b>Washington Savings Bank</b>  <b>200 South Banker Street, PO Box 707</b>  <b>Effingham, IL 62401</b></p>
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### 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 \_\_\_\_\_