

# Direct Deposit Authorization

Complete this form and submit to your employer to start using Direct Deposit or to change an existing Direct Deposit arrangement. Please be sure that all of your personal information is correct and keep a copy for your records.



## Personal Information

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Account Information

Bank Name: **First Community Bank Utah, Division of Glacier Bank** Account Type: \_\_\_\_\_  
Routing Number: **124300754** Account Number: \_\_\_\_\_

## Deposit Information

Effective:  Immediately Amount:  Entire Net Pay  
 Beginning on:  % of Net Pay  
 Specific \$ Amount

## Authorization

To Employer Name: \_\_\_\_\_

*I authorize the above employer to initiate credit entries, and if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at First Community Bank on a recurring basis. This authorization will remain in force until I notify you in writing of any change or cancellation.*

X \_\_\_\_\_ Date: \_\_\_\_\_

**Note: To start or change a Social Security Deposit, call (800) 772-1213 or go online: [www.ssa.gov](http://www.ssa.gov)**

