

Payroll Direct Deposit Authorization Form

NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new Bradford National Bank account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your employer.

Company Name: _____

Company Address: _____

City, State, Zip: _____

Please change the account used for Direct Deposit of my net pay to my new Bradford National Bank account:

Employee Full Name: _____

Employee Address: _____

City, State, Zip: _____

Phone: _____

Employee ID: _____ SS#: _____

My New Account Information

Account Type: Checking Savings

Account Number: _____ Routing / ABA Number: 081905014

I hereby authorize my employer, _____ (company name) to deposit my paychecks directly to my Bradford National Bank account indicated above and to make necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Employee Signature: _____

Date Signed: _____

New Bank Name:	Bradford National Bank
New Bank Routing Number:	081905014
New Bank Address:	100 E. College, P.O. Box 279, Greenville, IL 62246
New Bank Phone:	618-664-2200
New Bank Email:	info@BradfordBank.com
New Bank Website:	www.BradfordBank.com