

# Relationship Kit

## Direct Deposit Authorization

Page 2 of 4

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Independence 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:   
(if applicable)

Effective immediately, please deposit the net amount of my check to my INDEPENDENCE Bank account. I authorize (*depositor name*)

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.

Place an X next to your desired option.

☐ Net amount to Independence CHECKING

Account #  Routing #

☐ Net amount to Independence Bank SAVINGS

Account #  Routing #

Signature:  Date:

Name:

Address:

City, State, Zip:

Phone Number:

### Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

- ☐ Payroll
- ☐ Investments
- ☐ Retirement Plans
- ☐ Social Security