

# Direct Deposit Authorization Form

Please review and complete the following information. Return this form to your human resources office or the vendor you receive payments from regularly.

## Section 1 – Direct Deposit Authorization

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2 – Deposit Instruction

Deposit the entire amount to checking account #: \_\_\_\_\_

Deposit the entire amount to savings account #: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ amount to \_\_\_\_\_ account #: \_\_\_\_\_

And the remaining amount to \_\_\_\_\_ account #: \_\_\_\_\_

Miners & Merchants Bank  
16000 Appalachian Hwy.  
Thomas, WV 26292  
Transit/ABA# **051503103**

## Section 3 – 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 Miners & Merchants Bank.
- Miners & Merchants Bank to credit and/or debit entries to my account(s).
- This authorization is to remain in full force and effect until I send a written notice of change or cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_