

direct deposit authorization

Please review and complete the following. Return this form to your employer's Human Resources office.

Section 1 – Direct Deposit Authorization

Name

Street

City, State Zip

Social Security #

Company Name

Company Address

City State Zip

Section 2 - Deposit Instructions

Deposit entire amount into checking or savings # _____

OR

Deposit _____ to savings # _____
and the remaining into checking # _____

Bank Name: **Lake Elmo Bank**
Bank Address: **Post Office Box 857**
Lake Elmo MN 55042
Routing # 091910196

Section 3 – Signature

I authorize:

- Above listed entity to initiate deposit of funds to my Lake Elmo Bank account.
- Lake Elmo Bank to credit entries to my account.
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature

Date

