



PAYROLL DIRECT DEPOSIT FORM

GIVE TO YOUR EMPLOYER'S HUMAN RESOURCE OR PAYROLL DEPT.

NAME _____

ADDRESS _____

CITY-STATE-ZIP _____

SOCIAL SECURITY # _____ EMPLOYEE # _____

"I hereby authorize direct deposit of my paycheck to be changed from my current bank _____ to my new mBank account(s) as listed below:"

CHECKING ACCOUNT NUMBER _____

AMOUNT/PERCENT TO BE DEPOSITED \$ _____ %

SAVINGS ACCOUNT NUMBER _____

AMOUNT/PERCENT TO BE DEPOSITED \$ _____ %

mBank ABA ROUTING NUMBER _____

EFFECTIVE DATE _____

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK HERE