

Direct Deposit Form



To Whom It May Concern:

Upon receipt of this notice, please set up my (choose one) ___ Existing Direct Deposit ___ New Direct Deposit from _____ to the account(s) as directed below:
Company/Organization Name

Dollar Bank Account(s)

Dollar Bank Routing Number: 243074385
Cleveland: For Direct Deposit Only

Account Number: _____

Account Type: Checking Savings

Deposit Amount: \$ _____ or _____ %

Account Number: _____

Account Type: Checking Savings

Deposit Amount: \$ _____ or _____ %

Complete the information below if your direct deposit is to be divided between the Dollar Bank account(s) listed and another financial institution.

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Deposit Amount: \$ _____ or _____ %

Please accept this notice to set up my direct deposit. If you are unable to process this request before the next direct deposit date, please contact me immediately at _____.
Telephone Number (including area code)

Your Signature

Please Print Name

Make a copy for your records and submit the original completed form to the originator of your direct deposit.

Cut at perforation

Pay Yourself First Enrollment Form



Customer Name: _____

Phone Number: _____

From (Checking Account #): _____ To (Savings Account #): _____

Amount: \$ _____ Beginning Date: _____ Ending Date (if needed): _____

Payment Frequency (choose one): Weekly Bi-Weekly - specify day of week: _____

Twice Monthly - specify dates: 1) _____ 2) _____

Monthly Quarterly Semi-Annually Annually

I/We authorize Dollar Bank to periodically withdraw from my/our account the amount listed, effective upon the receipt of this form. I/We further authorize Dollar Bank to deposit this amount to the account listed.

The authorized payment/transfer will be withdrawn from the account on the date(s) listed. This authorization and all previous authorizations of payments/transfers will remain in effect until changed by me/us by written notice received by the Bank and as long as the available balance is sufficient to cover payment/transfer or until the account is closed. If the available balance is not sufficient to cover a payment/transfer, a service charge may be assessed and Dollar Bank is not obligated to make the payment. Dollar Bank shall have the right to limit the maximum of each withdrawal payment/transfer or to discontinue or cancel this service.

(Continued on reverse side)

Pay Yourself First Enrollment Form (continued)



This agreement is subject to applicable banking laws, the Bank's charter, bylaws and the rules and deposit agreements as they exist or may be amended.

Customer Signature _____ Bank Representative Signature _____

Internal Use Only: Send completed form to Account Services



Direct Deposit Form



Date: _____

To Whom It May Concern:

Upon receipt of this notice, please set up my Existing Direct Deposit New Direct Deposit from _____ to my Dollar Bank account indicated below.
Company/Organization Name

Dollar Bank Account Type: Checking Savings

Account Number: _____



Dollar Bank Routing Number: **243074385**

Please accept this notice to set up my direct deposit. If you are unable to process this request before the next direct deposit date, please contact me immediately at _____ .
Telephone Number (include area code)

Sincerely,

Your Signature

Please Print Your Name

_____ _____ _____ _____	1234 8-7438/3430
	date _____
Pay to the order of _____	\$ _____
_____	dollars  Security Features Included Details on Back
	
memo _____	MP
: 243074385 : _____	1234

Make a copy for your records and submit the original completed form to the originator of your direct deposit.