

# 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)	<i>Complete the information below if your direct deposit is to be divided between the Dollar Bank account(s) listed and another financial institution.</i>
Dollar Bank Routing Number: 243074385 <i>Cleveland: For Direct Deposit Only</i>	Bank Name: _____
Account Number: _____	Bank Routing Number: _____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number: _____
Deposit Amount: \$ _____ or _____ %	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number: _____	Deposit Amount: \$ _____ or _____ %
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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.**

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*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The authorized payment/transfer will be withdrawn from the account on the date(s) listed.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)*

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**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*

_____ _____ _____ _____	<b>1234</b> 8-7438/3430
	date _____
Pay to the order of _____	\$ _____
_____	dollars
memo _____	MP
<b>!243074385!</b> _____	<b>1234</b>

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