Direct Deposit Form



To Whom It May Concern:

Upon receipt of this notice, please set up my (choose or	ne)Existing Direct DepositNew Direct Deposit
from to	the account(s) as directed below:
Company/Organization Name	
Dollar Bank Account(s)	Complete the information below if your direct deposit is to be divided

Dollar Bank Routing Number: 243074385	between the Dollar Bank account(s) listed and another financial institution.
Cleveland: For Direct Deposit Only	Bank Name:
Account Number:	Bank Routing Number:
Account Type: 🗌 Checking 🔲 Savings	Account Number:
Deposit Amount: \$or %	Account Type: 🔲 Checking 🔲 Savings
Account Number:	Deposit Amount: \$or%
Account Type: 🗌 Checking 🔲 Savings	2 op con rano anti 4 01 //
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 (Sa	avings 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The authorized payment/transfer will be withdrawn from the account on the date(s) listed.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 withdrawl payment/transfer or to discontinue or cancel this service.

DollarBank

Pay Yourself First Enrollment Form (continued)

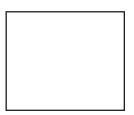


This agreement is subject to applicable banking laws, the Bank's charter, bylaws and the rules and deposit agreements as they exist or may be amended.

Customer Signature _____

Bank Representative Signature _____

Internal Use Only: Send completed form to Account Services



Direct Deposit Form



Date:	
	Existing Direct Deposit New Direct Deposit to my Dollar Bank account indicated below.
Dollar Bank Account Type: Checking _	Savings
Account Number:	
Dollar Bank Routing Number: 243074385	
Please accept this notice to set up my direct depo direct deposit date, please contact me immediate	osit. If you are unable to process this request before the next ly at <i>Telephone Number (include area code)</i>
Sincerely,	
Your Signature	Please Print Your Name
Pay to the order of	1234 8-7438/3430 date
DollarBank	dollars dollars
memo	MP
l:243074385:l	1234

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