

Direct Deposit Authorization

Complete this form and submit to your employer to start using Direct Deposit or to change an existing Direct Deposit arrangement. Please be sure that all of your personal information is correct and keep a copy for your records.



Personal Information

Full Name: _____ Social Security Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Work Number: _____ Email: _____

Account Information

Bank Name: **First Bank of Wyoming, Division of Glacier Bank** Account Type: _____
Routing Number: **102300336** Account Number: _____

Deposit Information

Effective: Immediately Amount: Entire Net Pay
 Beginning on: % of Net Pay
 Specific \$ Amount

Authorization

To Employer Name: _____

I authorize the above employer to initiate credit entries, and if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at First Community Bank on a recurring basis. This authorization will remain in force until I notify you in writing of any change or cancellation.

X _____ Date: _____

Note: To start or change a Social Security Deposit, call (800) 772-1213 or go online: www.ssa.gov