

# DIRECT DEPOSIT



*This form allows you to provide written authorization to your employer (or any other organization that regularly sends a payment to you) to begin or change your direct deposit. Many employers will provide you with a standard company form.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/organization name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

## Check one:

- ☐ Begin depositing electronically with direct deposit.
- ☐ Change the account direct deposit is being deposited into.

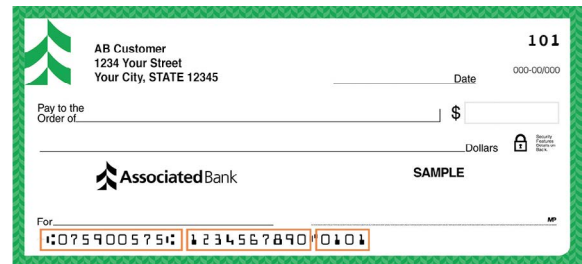
## Please deposit as follows:

☐ Full amount ☐ Specific amount \$ \_\_\_\_\_

Financial institution: Associated Bank

Associated Bank routing number: 075900575

Account number: \_\_\_\_\_



Routing/Transit  
Number

Checking Account  
Number

Check  
Number

If you have any questions, please contact me at: (phone number) \_\_\_\_\_

☐

Day

☐

Evening

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Joint account holder name (optional)

\_\_\_\_\_  
Joint account holder signature (optional)