

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:

Street Address:

City:

State:

Zip Code:

Phone Number:

Work Number:

Email:

Account Information

Bank Name: **Mountain West Bank, Division of Glacier Bank**

Account Type:

Routing Number:

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 Mountain West 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

