



ACH Direct Deposit / Payroll Authorization

Signature Information: By signing below, I authorize

_____ or agent to send electronic payroll entries to my account and adjusting credit and/or debit entries as deemed necessary by my employer in accordance with United States law.

Authorized Signer: Please complete the requested information	
Signature	Date Signed
Printed Name	Daytime Phone Number

Bank Information - Required

(Or attach voided check. Do NOT attach a deposit slip)

Required Information	My Account Information is as follows:	
Institution (bank) Name:	State Bank of Southern Utah	
9-Digit Bank RTN #:	124301779	
Name on Account:		
TIN (SS# or EIN):		
Account #:		
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Account Owner: Please submit the completed form to your employer.