

Payroll Deposit Change Form

Use this form to request the direct deposit of your payroll to your Cross County Bank checking account. You will need to provide this information to your employer.

COMPANY NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

ATTN: PAYROLL DEPARTMENT

RE: SWITCHING MY PAYROLL DIRECT DEPOSIT TO ANOTHER BANK

I have recently changed banks and would like to update my direct deposit information. Please start making this automatic deposit into my new account effective _____ (date) .

I hereby authorize (Company Name) _____ hereinafter called Company, to initiate credit entries for payroll to my account indicated below at Cross County Bank, hereinafter called Financial Institution, and I authorize and request Cross County Bank to accept credit entries initiated by Company to such account. I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of U.S. law.

Employee Name: _____
Social Security Number: _____
Address: _____
City, State, Zip: _____
Cross County Bank Checking Account Number: _____
Ten-Digit Number

Cross County Bank ABA/Transit Routing Number: 084101514
PO Box 9, Wynne, AR 72396-0009 Telephone: 870-238-8171

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Cross County Bank a reasonable opportunity to act on it.