



For Metairie Bank customer Use Only. To start using Direct Deposit, complete this form and submit it to your employer or others that will be making payments to you. You may also use this form to make changes to an existing Direct Deposit arrangement. Please make sure that all of your personal information is correct, and keep a copy for your records.

## 1 Personal Information

Customer Name:

Social Security Number:  Employee Number:  (If Applicable)

Street Address:

Line 2

City:  State:  Zip:

Home Phone Number:  Work Phone Number:

## 2 Bank & Account Information

My bank is:  Account Type:

Bank Routing Number:  Account Number:

To ensure accuracy, please provide a voided check with this form.



## 3 Deposit Information

To Employer/Payor Name:

Effective:  Immediately

Amount:  Entire Net Pay

Beginning on:

% Of Net Pay

Specific dollar amount: \$  .00

Effective Date & Amount is subject to your Employer/Payor agreement and policies.

## 4 Authorization

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate debit entries and adjustments to correct any Direct Deposit credit entry errors of above payroll or other amount to my above account at Metairie Bank, on a recurring basis until notified in writing that I revoke this authorization.

**X**

Date: