



Come Home to Better Banking

# Direct Deposit Authorization Form

Complete this form for each company with which you have a direct deposit.

Please Note: If you have Social Security or other governmental direct deposit, please use the Treasury Department Standard Form 1199A or pick up a copy at any Boiling Springs Savings Bank Office

For Social Security benefits, you can also contact them by phone to make direct deposit arrangements, 1-800-772-1213.

**Staple VOIDED check from your new Boiling Springs Savings Bank account in this space.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

I authorize \_\_\_\_\_ hereinafter referred to as the "Originator", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and Boiling Springs Savings Bank hereinafter referred to as "Depository", to credit and/or debit to the same such account.

Currently I am receiving this direct deposit at the following financial institution:

Name of financial institution: \_\_\_\_\_

Routing number of financial institution: \_\_\_\_\_

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

As of \_\_\_\_\_ (date), please begin making this direct deposit into my account at:

**Boiling Springs Savings Bank**  
25 Orient Way  
Rutherford, NJ 07070  
201-939-5000    **Routing number: 221271359**

Account Name: \_\_\_\_\_

Account type: Checking / Savings (circle one) A/C #: \_\_\_\_\_

If the Originator (party making deposit) permits direct deposit to more than one account, I elect to have a portion of the proceeds deposited into the following account at the above named bank.

Account Name: \_\_\_\_\_

Account type: Checking / Savings (circle one) A/C #: \_\_\_\_\_

Amount to deposit: Net Pay / Fixed amount \$ \_\_\_\_\_ (circle one)

This authority is to remain in effect until the Originator is notified in writing from me of termination in such time as to allow the Originator and Depository sufficient opportunity to act on my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_