



**Direct Deposit Form**

Personal Information:

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

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

Daytime Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Account Information:

Account Type:  Checking  Savings  Money Market

Account Number: \_\_\_\_\_ Routing Number: 231373182

Payer Information:

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

I authorize you to electronically deposit my pay each payday into my new Penn Community Bank account. Please use the above information and my signature as authorization, or contact me with any questions.

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

**NOTE:** ATTACH A VOIDED CHECK OR WITHDRAWAL FORM TO COMPLETE YOUR REQUEST. YOU WILL THEN HAND THIS FORM INTO YOUR COMPANY'S PAYROLL DEPARTMENT. BE SURE TO VERIFY WHEN YOUR DEPOSIT IS STARTING INTO YOUR NEW PENN COMMUNITY BANK ACCOUNT, SO THAT YOU CAN PLAN ACCORDINGLY.

