

Direct Deposit

Authorization



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

Send the direct deposit authorization form to the company* making the direct deposit. For your payroll direct deposit, please give this form to your Human Resources department. If you have Social Security or other governmental direct deposit, please go to any Fifth Third Banking Center, and they can set you up.

LAST NAME FIRST NAME

STREET ADDRESS CITY STATE ZIP

WORK PHONE HOME PHONE

SOCIAL SECURITY NUMBER

1
2

EMPLOYER'S NAME PHONE NUMBER EMPLOYEE ID NUMBER OR DEPARTMENT

FIFTH THIRD ACCOUNT NUMBER
 CHECKING SAVINGS \$

ROUTING & TRANSIT NUMBER. TYPE OF ACCOUNT AMOUNT OF DIRECT DEPOSIT

FIFTH THIRD ACCOUNT NUMBER
 CHECKING SAVINGS \$

ROUTING & TRANSIT NUMBER. TYPE OF ACCOUNT AMOUNT OF DIRECT DEPOSIT

Check Only One:

A NEW AUTHORIZATION FOR DIRECT DEPOSIT. NOT CURRENTLY USING DIRECT DEPOSIT.

PLEASE CHANGE MY EXISTING AUTHORIZATION. TRANSFER AUTOMATIC PAYMENT FROM MY PREVIOUS BANK TO FIFTH THIRD BANK.

EMPLOYEE SIGNATURE DATE

EMPLOYER SIGNATURE DATE

Staple Voided Fifth Third Check Below:

Sample Check 0001

DATE _____

PAY TO THE ORDER OF _____

MEMO Routing Number Account Number

⑆ 123456789 : 0123456789 ⑆ 0001

* You should use one form for each company. Please make additional copies as needed.

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