



# CLAY COUNTY State Bank

## Direct Deposit Authorization Agreement

Please review and complete the following information. Return this form to your employer's human resources office.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

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### Please begin sending my direct deposit to:

**Clay County State Bank**  
**111 North Church Street**  
**P. O. Box 248**  
**Louisville, IL 62858**  
**Transit/ABA #081209985**  
**Phone 1.618.665.3314 - Fax 1.618.665.3619**

#### Deposit instructions:

Deposit entire amount to checking account # \_\_\_\_\_

Deposit entire amount to savings account # \_\_\_\_\_

Deposit \$ \_\_\_\_\_ checking account # \_\_\_\_\_

Deposit \$ \_\_\_\_\_ savings account # \_\_\_\_\_

I authorize the above listed entity to initiate credit or debit entries if necessary, to correct any credit entries made in error, to my checking or savings account at Clay County State Bank. Additionally, I authorize Clay County State Bank to credit and/or debit entries to my account(s). This authorization is to remain in full force and effect until I send a written notice of change or cancellation.

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