

## Automatic Direct Deposit Authorization (ACH Credits)

I am requesting direct deposit of my paycheck (or any benefits) into my account(s) listed below.

### Company Information:

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

### Customer Information:

Name \_\_\_\_\_  
Tax ID# \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

### Account Information:

Type	Account Number
Checking	_____
Savings	_____
Money Market	_____

### Depository Bank Information:

Marine Bank  
2323 N. Mayfair Road  
Wauwatosa, WI 53226  
Phone: 414.607.6000  
Routing/Transit Number: 275970871

### Amount to pay Company:

Full amount \_\_\_\_\_ % Other \$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Customer Authorization:

I/We authorize COMPANY (named above) to initiate credit entries and, if necessary to initiate debit entries to correct an erroneous credit entry to my/our account at the Depository Bank named above, for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me/us of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

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

**ATTACH A VOIDED CHECK FOR VERIFICATION OF YOUR ACCOUNT INFORMATION**