



Direct Deposit Change Form

UnionState

www.unionstate.net

Member FDIC

Date _____

New Request

Update Request

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the Union State Bank accounts specified below.

| | |
|---|--|
| Name | Social Security Number |
| Address | |
| City, State, ZIP Code | |
| I hereby authorize (company/organization) _____ hereinafter called "ORIGINATOR", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my accounts indicated below and the depository institution named below, hereinafter called "DEPOSITORY", to credit and/or debit the same to such account. | |
| PRIMARY ACCOUNT | |
| Depository Name (Bank) Union State Bank | Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Routing Number 062203395 | Account Number |
| Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> _____ (Fixed Amount) | |
| If the ORIGINATOR allows direct deposit to more than one account, I elect to have part of my proceeds put into the following account: | |
| SECONDARY ACCOUNT | |
| Depository Name (Bank) Union State Bank | Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Routing Number 062203395 | Account Number |
| Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> _____ (Fixed Amount) | |
| This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it. | |
| Date | Signature |