



Direct Deposit Authorization Agreement Form:

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

Section 1 – Direct Deposit Authorization:

Name: _____ SSNUM: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Section 2 – Deposit Instructions:

____ Deposit entire amount to checking acct Account No. _____

____ Deposit \$ into savings account Account No. _____

And remaining amount to checking account Account No. _____

VIST Bank – Attn: Customer Service
1044 McArthur Road, Reading, PA 19605
Transit/ABA# 031312194 – VIST Bank

Section 3 – Signature:

I hereby authorize:

- 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 VIST Bank
- VIST Bank to credit and/or debit entries to my account(s)
- This authorization to remain in full force and effect until I send a written notice of change or cancellation

Signature: _____ Date: __/__/____