

## Direct Deposit Enrollment Form

			🗌 New Request 🔄 Change Request
CUSTOMER	Customer Name		Social Security Number *
	Address		* Enter only if request is being sent to Social Security Administration.
	City	State Zip	-
AUTHORIZATION (EMPLOYER) (EMPLOYER)	Company Name		_
	Address		_
	City	State Zip	_
			error to my account(s) indicated below, and debit same to my account(s) listed below.
	If the originator permits direct deposit into more than one accounts, I elect to have a portion of the proceeds deposited into the following account:		
	Account 2 Account Name	Account Number	☐ Checking ————————————————————————————————————
	Depository Bank Lakeland Bank	Routing/Transit Number 021205	376 Amount
		CUSTOMER AUTHORIZATION	٧
SIGNATURE	This authorization is to remain in effect until the Origi time to allow the Originator and Depository ample of		from me. I understand that the notification must be provided in such
	Authorized Signature	Printed Name	Date