



The bank that knows you by name.

# Direct Deposit Authorization

To request Direct Deposit into your *new* Crescent Bank checking or saving account, follow these 3 Easy Steps:

- ❶ Print out and complete Direct Deposit Enrollment Form;
- ❷ Attach a voided Crescent Bank check to this form to confirm your account number and bank routing number;
- ❸ Submit the completed, signed form along with your voided Crescent Bank check to the appropriate provider.

**Payroll Department:** Forward this form if acceptable to your employer's payroll department. Some companies may request the use of their internal form.

**Retirement/Annuity, Dividend and Other Deposits:** Follow up with your current provider to determine where to forward this document.

**Social Security Benefits:** Call the Social Security Administration at 1-800-772-1213 or go online at [www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm) to request Direct Deposit. Any of our Crescent Branch locations will be glad to assist you as well.

## Direct Deposit Enrollment Form

<input type="checkbox"/> New Request	<input type="checkbox"/> Change Request
Name: (First, Middle initial, Last)	Social Security Number/ TIN Number
Street Address:	City, State, Zipcode
Phone Number:	Alternate Phone Number:

## Recipient Bank

Primary Account	
Depository Name (Bank) <b style="text-align: center;">Crescent Bank</b>	Depository Bank Routing Number <b style="text-align: center;">061104275</b>
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number 
Amount to Deposit: <input type="checkbox"/> Net Pay <input type="checkbox"/> Fixed Amt \$ _____	Frequency of Payment: Beginning Date: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____

## Optional Secondary Account

Depository Name (Bank) <b style="text-align: center;">Crescent Bank</b>	Depository Bank Routing Number <b style="text-align: center;">061104275</b>
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number 
Amount to Deposit: <input type="checkbox"/> Net Pay <input type="checkbox"/> Fixed Amt \$ _____	Frequency of Payment: Beginning Date: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____

I hereby authorize \_\_\_\_\_ (company/originator) to initiate credit entries and authority to initiate adjustments, if necessary, for transactions credited/debited in error to my account(s) indicated above and Crescent Bank (depository) to automatically credit and/or debit the same to such accounts. This authorization will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**\*\*Please attach a copy of a voided check\*\***