UNITED BANK

DIRECT DEPOSIT AUTHORIZATION

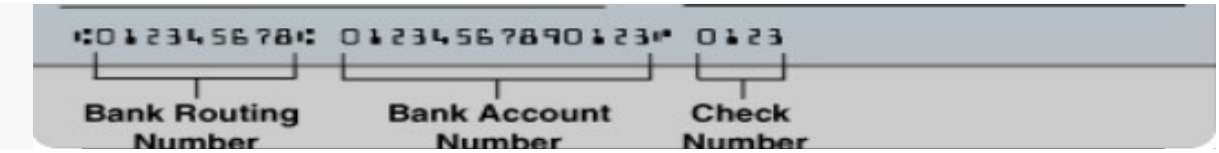
Customer Name: _____

Social Security Number: _____

Financial Institution Name: United Bank

United Bank Routing Number: 056004445

United Bank Account Number: _____



Select Account Type: ☐ Checking Account ☐ Savings Account

Direct Deposit the following:

☐ Total net check amount

☐ The set amount of $_____ of my net check each period

By completing and signing this authorization form, I hereby authorize my employer to automatically deposit my payroll into the checking or savings account listed above. This authority will remain in effect until I give notice to cancel it.

Signature: _____ Date: _____