MCINTOSH TRAIL CSB
DIRECT DEPOSIT AUTHORIZATION

NAME:_____

I (we) hereby authorize United Bank, hereinafter called ORIGINATOR, to initiate credit entries to my (our): ( ) Checking ( ) Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Depository Name:_____

Branch Location:_____

City:_____**State:**_____**Zip Code:**_____

Routing Number:_____

Account Number:_____

This authorization will remain in full force and effect until United Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE:_____**Date:**_____

SIGNATURE:_____**Date:**_____

NOTE: (Please attach a voided check to this form and return to Payroll.)

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CANCELLATION OF AUTHORIZATION FOR DIRECT DEPOSIT

I (we) hereby cancel this Direct Deposit Authorization.

SIGNATURE:_____**Date:**_____

SIGNATURE:_____**Date:**_____

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(For Payroll Department Use only)

Employee #:_____Payroll Entry:_____Date Received:_____

(07-07)

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