Direct Deposit Authorization

Complete this form and submit to your employer to start using Direct Deposit or to change an existing Direct Deposit arrangement. Please be sure that all of your personal information is correct and keep a copy for your records.

First Security Bank
Division of Glacier Bank
OURBANK.com

Personal Information

Full Name: _____ Social Security Number: _____

Stree Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work Number: _____

Email: _____

Account Information

Bank Name: First Security Bank, Division of Glacier Bank Account Type: _____

Routing Number: 092900613 Account Number: _____

Deposit Information

Effective:
- ☐ Immediately
- ☐ Beginning on _____

Amount:
- ☐ Entire Net Pay
- ☐ % of Net Pay
- ☐ Specific $ Amount

Authorization

To Employer Name: _____

I authorize the above employer to initiate credit entries, and if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at First Security Bank on a recurring basis. This authorization will remain in force until I notify you in writing of any change or cancellation.

X _____ Date: _____

Note: To start or change a Social Security Deposit, call (800) 772-1213 or go online: www.ssa.gov