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 COMMUNITY BANK
Division of Glacier Bank

Personal Information

Full Name: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work Number: _____ Email: _____

Account Information

Bank Name: **First Community Bank Utah, Division of Glacier Bank** Account Type: **Checking**

Routing Number: **124300754** 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 Community 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, go online: www.ssa.gov

Member FDIC EQUAL HOUSING LENDER