

Authorization of Direct Deposit

Complete this form and send it to any organization that provides a direct deposit into your account. Remember to also send a voided check or deposit slip from your new Alpine Bank account(s).

Business Name: _____
(please print)

Street Address: _____

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

Work Phone: _____

New Direct Deposit Information

Type of Deposit	Alpine Bank Checking Account Number	Deposit Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alpine Bank ABA Routing Number: 102103407

I hereby authorize the above organizations named to deposit my paycheck or other distribution as indicated above. This request is to remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of my authorized amount, or then current salary, may then be withdrawn without liability or prior notice.

Authorized Signature: _____ **Date:** _____

Printed Name: _____

Address: _____ **Phone:** _____

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



Alpine Bank

alpinebank.com

1.888.4.ALPINE



Member FDIC

