



FIFTH THIRD BANK

Direct Deposit Authorization

Complete this form for each company you want to set up with direct deposit.

Send this direct deposit authorization form to the company* that's making the direct deposit for you. For payroll direct deposit, please give this form to the human resources department. If you have Social Security or other governmental direct deposit, please go to any Fifth Third Financial Center, and a banker can get you started.

Last Name		First Name	
Street Address	City	State	Zip
Work Phone		Home Phone	
Social Security Number			
Employer's Name	Phone Number	Employee ID Number or Department	
Account #1:			
Fifth Third Account Number		Routing and Transit Number	
Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>	Amount of Direct Deposit \$	
Account #2:			
Fifth Third Account Number		Routing and Transit Number	
Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>	Amount of Direct Deposit \$	

Check only one:	
<input type="checkbox"/> A New Authorization for Direct Deposit. Not Currently Using Direct Deposit.	<input type="checkbox"/> Please Change my Existing Authorization. Transfer Automatic Payment from my Previous Bank to Fifth Third Bank.

Employee Signature	Date
Employer Signature	Date

(cont.)



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Direct Deposit Authorization


Complete this form for each company you want to set up with direct deposit.


Staple Voided Fifth Third Check Below:

101

Date _____

Pay to the Order of _____ \$

Dollars  Photo Safe Deposit™
Details on back


FIFTH THIRD BANK

For _____ MP

|:253177049 |:08614295713 0101

Routing number Account number

**You should use one form for each company. Please make additional copies as needed.*