

# DIRECT DEPOSIT

## Employee's Authorization --- Please fill out and return to your employer

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I authorize my employer and the State Bank of Alcester to process electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

- Checking Account
- Savings Account

each pay period. This authority will remain in effect until I have canceled it in writing.

\_\_\_\_\_  
Date

**State Bank of Alcester**  
**Alcester, SD 57001**  
**091403292** (routing/transit number)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Account Number

**X**\_\_\_\_\_  
**Signature**