

## Automatic Direct Deposit Authorization (ACH Credits)

I am requesting direct deposit of my paycheck (or any benefits) into my account(s) listed below.

### Company Information:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

### Customer Information:

Name \_\_\_\_\_

Tax ID# \_\_\_\_\_ Employee ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

### Account Information:

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

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Money Market \_\_\_\_\_

### Depository Bank Information:

Central Illinois Bank  
2913 W. Kirby Avenue  
Champaign, IL 61821  
Phone 217.355.0900  
Routing/Transit Number: 071122933

### Amount to pay Company:

Full amount \_\_\_\_\_ % Other \$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### Customer Authorization:

I/We authorize COMPANY (named above) to initiate credit entries and, if necessary to initiate debit entries to correct an erroneous credit entry to my/our account at the Depository Bank named above, for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me/us of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH A VOIDED CHECK FOR VERIFICATION OF YOUR ACCOUNT INFORMATION**