

Bank of Hillsboro Member FDIC

Direct Deposit Authorization

Complete each field in this form. Return the signed form along with a voided check to your Direct Deposit Originator.

Company Information

Company Name _____
Address _____
City _____ State _____ Zip Code _____ Phone # _____

Customer Information

Name _____ Employer ID/Account# _____
Social Security# _____
Address _____
City _____ State _____ Zip Code _____ Phone # _____

Bank Information

Bank of Hillsboro
10625 Hwy 21, P.O. Box 708
Hillsboro, MO. 63050
Routing-Transit 081010307

For any direct deposit related questions, please call Customer Service at 636-797-3337

Bank of Hillsboro Bank Deposit Information

Account Type: Checking (including Money Market) Savings
Account # _____ Amount \$ _____

Account Type: Checking (including Money Market) Savings
Account # _____ Amount \$ _____

I authorize the above named entity to make deposits in the Bank of Hillsboro account(s) identified above and authorize the bank to accept such deposits. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. I understand that this is authorization and will remain in full force and effect until the company named above has received written notification from me of its termination in time to afford the company and the depository a reasonable opportunity to act.

Customer Signature _____ Date _____

ATTACH A VOIDED CHECK FROM YOUR NEW ACCOUNT

