Payroll Deposit Authorization

Please complete this form to authorize direct deposit of your payroll into your Pacesetter Bank account. You will need to provide this information to your employer with any other additional information and authorization they need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

I hereby authorize (employer name) _____, hereinafter called EMPLOYER, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Pacesetter Bank. I authorize and request Pacesetter Bank to accept credit entries initiated by EMPLOYER to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow EMPLOYER to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

EMPLOYEE NAME

SOCIAL SECURITY NUMBER # ☐☐☐ ☐☐ ☐☐☐☐

ADDRESS

CITY STATE ZIP

PACESETTER BANK ACCOUNT NUMBER:

PACESETTER BANK TRANSIT ROUTING NUMBER: 074913699

I further understand that this authorization may be terminated by me at any time by written notification to my employer or to Pacesetter Bank. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable time to act on it.

Account Owner_____

Signature _____ Date_____

Return completed form to your employer.

Automatic Payment Request

Use this form to request the transfer of an automatic payment from your Pacesetter Bank checking account. Complete this form for each automatic payment, and attach a voided check from your new Pacesetter Bank checking account. Many companies also provide information on how to make a change or establish an automatic payment on their website or on their bill/statement. Please allow sufficient time for your first automatic payment to be activated against your new Pacesetter Bank checking account.

Date: _____

I am requesting that my payment be automatically deducted from my Pacesetter Bank checking account.

Company Name: _____

Mailing Address: _____

Account Number with this company: _____

Effective immediately, please use the following Pacesetter Bank checking account information for my automatic payments.

Pacesetter Bank Checking Account # ☐☐☐☐☐☐☐☐☐☐

Pacesetter Bank Routing # 074913699

If there are any questions regarding this request, you may contact me at the number listed below.

Account Owner _____

Account Owner (if applicable) _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Account Owner Signature _____ Date _____

Account Owner Signature _____ Date _____

Return completed form to any company currently making automatic withdrawals from your existing account.

Account Closing Request

Use this form to request that the account(s) you have at your current bank be closed and have any remaining funds sent to you. Prior to closing your account(s), consult with your current financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until your last check has cleared. You can also visit your current bank to close out your accounts.

Name of Closing Institution _____

This letter informs you that I/we would like to close the account(s) listed below. Please send a check to me/us at the address listed below for any remaining funds in the account(s). If you have any questions regarding this request, please contact me/us at the telephone number or address listed below.

Please close the following accounts:

Checking # (Please leave balance of $ to cover outstanding items.)
Account Owner(s) Name _____

Savings # Account Owner(s) Name _____

Other Account # Account Owner(s) Name _____

Other Account # Account Owner(s) Name _____

Please contact me/us if you have any questions about this request.

Name of closing institution: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Thank you for processing this request immediately.

Account Owner Signature _____ Date _____

Account Owner Signature _____ Date _____

Please be advised that this account closing request has been notarized by a bank representative.

Notary Public _____
Signed

_____
Printed

As appeared this,_____ day of _____ , 20_____ Commission expires _____

Return completed form to your current financial institution..