

Hawthorn BANK[®] Enrollment Auth **Enrollment Authorization Form**

Please complete this form to request direct deposit into your Hawthorn Bank checking or savings account.		Personal Information:		
		First Name	Middle Initial	Last Name
3	Easy Steps	Address		
1	Fill-in this form online or print it off and fill it out.	City	State	Zip Code
2	Attach a voided check to this form to confirm your account and routing numbers.	Phone Number		
		Amount of Deposit:		
		Deposit my entire pa	ycheck 🛛 Deposit \$	of my paycheck
3	Submit this completed form and a voided check to your COMPANY's payroll department.	Deposit% of my paycheck Dother Amount \$:		
		Account you would like your check automatically deposited into:		
*	The image of the voided check may be provided to your COMPANY or other payer for no other purpose except to set up direct deposit	Hawthorn Bank Acco	ount Number	
		Select one: Checking Savings		
		086500605		
	to your Hawthorn Bank account.	Hawthorn Bank Routing Number		
		Name on the Accour	nt (Name must be the same as th	ne payroll/pension/disability recipient.)

I/We authorize (name of COMPANY)

to initiate credit entries, and if necessary,

to initiate any debit entries to correct an erroneous credit entry to my/our account at the DEPOSITORY (identified 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 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

**To change Social Security Direct Deposits, visit <u>https://www.ssa.gov/myaccount/direct-deposit.html</u> or call the Social Security Office at 1-800-772-1213