



Fill In



Print



Send

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the Lindell Bank accounts specified below.

Name:	SSN:
Address:	
City, State Zip:	

I hereby authorize (company / organization) _____ hereinafter called "Originator", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "Depository", to credit and/or debit the same to such account.

PRIMARY ACCOUNT	
Depository Name (Bank) Lindell Bank 6900 Clayton Avenue St. Louis, MO 63139 314-645-7700	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number 081001073	Account Number _____
	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)

If the Originator allows direct deposit to more than one account, I elect to have part of my proceeds put into the following account:

OPTIONAL SECONDARY ACCOUNT	
Depository Name (Bank) Lindell Bank 6900 Clayton Avenue St. Louis, MO 63139 314-645-7700	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number 081001073	Account Number _____
	Amount to Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (fixed amount)

This authority is to remain in full force and effect until Originator has received written notification from me of its termination in such time and in such manner as to afford Originator and Depository a reasonable opportunity to act on it.

Signature _____ Date _____



Attach a **voided check** or **deposit slip** from your NEW Lindell Bank account to this page.