Authorization for Direct Deposit

Employer information

Company Name:

I/We authorize the COMPANY (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at IVES BANK (identified below), 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.

Depository information

Depository Name: Ives Bank

Branch: Danbury - 220 Main Street

City/State/ZIP: Danbury, CT 06810-6635

Phone: 844-723-2265

Account information

Routing Number: 221172238

Account Number:

Account Type (Check One): ☐ Checking ☐ Savings

Authorization Type (Check One): ☐ New Authorization ☐ Change to Previous ☐ Termination

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 (or either of us) of its termination in such time and in such manner as to afford the COMPANY and IVES BANK a reasonable opportunity to act on it.

Employee information

Name(s):

ID#:

Signature *Date*

Signature *Date*