



Direct Deposit Authorization Form

Complete this form for all direct deposits (payroll, retirement, interest income, etc.) you need switched to your Napoleon State Bank account.

Company Information

Employer/Company Name:

Company Address:

City:

State:

Zip Code:

Customer Information

Name:

Address:

City:

State:

Zip Code:

Employee ID Number:

Phone Number:

Bank Information

Bank Name: **The Napoleon State Bank**

Routing Number: **074908510**

Account Number:

Account Type:

Checking

Savings

Address: **8912 N US 421 P.O. Box 9**

City: **Napoleon**

State: **IN**

Zip Code: **47034**

I have attached a voided check with this authorization, if applicable.

I authorize the above listed company to automatically deposit my check into my Napoleon State Bank account. I authorize The Napoleon State Bank to credit the funds to my account. Please discontinue my current direct deposits and begin making direct deposits into the account listed above immediately.

Please call me at the phone number listed above with any questions concerning this request.

Thank you,

Signature: _____

Date: _____

