

PAYROLL DIRECT DEPOSIT AUTHORIZATION

For Direct Deposit to Capital Bank, simply complete this form and send to your employer's payroll department.

By Completing this Authorization for Direct Deposit, I am authorizing the automatic deposit of my net payroll deduction of \$ _____ into my checking account savings account # _____ at **Capital Bank**, Routing # 061101100.

I have attached a deposit slip to verify the account information. This authorization is to remain in effect until changed or cancelled by me in writing. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification.

SS# or Employee ID # or Payroll # as appropriate:

Name Printed _____

Address _____

City/State/Zip _____

Home Phone () _____

Work Phone () _____

Employee Signature _____

Date _____

For Payroll Officials: If you have any questions, please call Capital Bank at 706-866-1146 and ask for a personal banker.