

Easy Switch Direct Deposit Authorization

I (Blackhawk Bank Client) hereby authorize _____ (The Company, i.e. Employer or other entity) to initiate a Direct Deposit to my checking/savings account at Blackhawk Bank, and to debit (if necessary) any amount deposited in error. This authority will remain in effect until The Company is notified by me in writing to cancel it in such time as to afford The Company and Blackhawk Bank a reasonable opportunity to act on it.

IF YOU HAVE ANY QUESTIONS,
Please contact Blackhawk Bank at 800.209.2616

Blackhawk Bank, P.O. Box 719
Attn: Client Services
Beloit Wisconsin 53512-0719

BLACKHAWK BANK ABA ROUTING NUMBER: **275971854**

Attach Voided Check or
Deposit Slip Here

Listed below is the account number(s) needed to establish Direct Deposit to my new Blackhawk Bank account(s).

Account #: _____

Is this account: Checking Savings Other _____

Amount OR % of Deposit: _____

Account #: _____

Is this account: Checking Savings Other _____

Amount OR % of Deposit: _____

Blackhawk Bank Client Signature: _____

Name Printed: _____

Date: _____

The Company is required to have a signed authorization on file for each credit or debit originated. The Company should keep the original form in their files for a period of not less than two years after the agreement is terminated. Blackhawk Bank may request an updated copy of the form from the Company any time a change is made.

