

DIRECT DEPOSIT AUTHORIZATION

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Great Oaks account. Use one form for each direct deposit.

DIRECT DEPOSIT CHECKLIST

These are the most common:

- Payroll
- Investments
- Retirement Plans
- Social Security

NOTIFICATION OF DIRECT DEPOSITAUTHORIZATION CHANGE					
Company o	r Employer:				
	Address:				
Cit	y, State, Zip:				
	Employee ID: (if applicable)				
Effective immediately, please deposit the net amount of my check to my Great Oaks account.					
I authorize				to automatically deposit funds	
into the account below. This authorization shall remain in place until I have submitted a new authorization form, or until this authorization is changed or revoked by me in writing. Place an X next to your desired options Net amount to Great Oaks CHECKING Account # Routing # 061211430					
_	nt to Great Oak	s SAVINGS		Routing # 061211430	
Sig	nature:				
	Name:				
A	ddress:				
City, Sta	ate, Zip:				
Phone N	umber:				