



Payroll Deposit Authorization – Form B

Use this form to request the direct deposit of your payroll check to your Central Federal Account. You will need to provide this information to your employer with any other additional information and authorization they might need to initiate the deposit. Please contact your employer’s payroll department if you have any questions about their process.

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (company name) _____, hereinafter COMPANY, to make payment of any amount owed to me for payroll by initiating credit entries to my account indicated below at Central Federal, and I authorize and request Central Federal to accept credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. It is understood that in signing this agreement I allow COMPANY to initiate reversal of the described payment entry in the event of error in calculation or overpayment.

Employee Name _____

Address _____

City, State, Zip _____

Telephone _____

Social Security _____

NOTE: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit.)

() Please send an automatic direct deposit to:

Central Federal Checking Account Number: _____

Central Federal Savings Account Number: _____

Central Federal Routing & Transit Number: 281573275

() Please discontinue sending my automatic direct deposit to:

(Previous Financial Institution): _____

Account #: _____

I further understand this authorization may be terminated by me at any time by written notification to my employer or to Central Federal. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it. Any such notification to Central Federal shall be effective only with respect to entries credited to my account by Central Federal after receipt of such notification and a reasonable time to act on it.

Primary Account Owner



Signature _____

Date _____

