

## *Payroll Deposit Employee Authorization*

I authorize \_\_\_\_\_ to initiate electronic credit (deposit) entries, and if necessary, debit entries/adjustments to the following accounts. This authorization will remain in effect until I cancel it in writing.

Account # \_\_\_\_\_ \$ \_\_\_\_\_ Checking \_\_\_ OR Savings \_\_\_

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Account # \_\_\_\_\_ \$ \_\_\_\_\_ Checking \_\_\_ OR Savings \_\_\_

Account # \_\_\_\_\_ \$ \_\_\_\_\_ Loan \_\_\_\_\_

### **CHOOSE ONE:**

\_\_\_\_\_ *My accounts are at Citizens National Bank, Park Rapids.  
(No further information necessary.)*

\_\_\_\_\_ *I am attaching a cancelled check blank or deposit slip, which shows my bank's name,  
address, phone number, bank routing number and my account number.*

Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

Attach voided check or deposit slip here, if required.



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