

Carroll Community Bank New Account Switch Kit

Direct Deposit Authorization Form

I authorize you to Switch my Direct Deposit to my Carroll Community Bank account listed below:

Company Name:			
Address:			
City:	State:	Zip:	
Carroll Community Bank Account Number:			
Type of Account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking		
Carroll Community Bank ABA/Routing Number:	255072537		
I understand that it may take up to 30 days to process this request. Please use the following information and signature as authorization, or to contact me with any questions.			
Name:			
Address:			
City:	State:	Zip:	
Daytime Phone:		Employee Number:	
Signature:			Date:
When you have completed this form, we can either mail it for you or you may send it directly to your payroll department.			