

Direct Deposit

This form is used to instruct your employer, or other fund originator, to redirect recurring deposits into your USB Account.* To set up direct deposit, simply:

- 1. Attach a personal check from your new USB account. Write the word "VOID" in large letters in ink across the front. (Do not sign the check.)
- 2. Fill-out, sign and date this form.
- 3. Mail one form to each employer or other fund originator.

Employee Name:	
Employee ID:	
Employee Work Phone	e #:
I wish to deposit the fol	lowing into my Ulster Savings Bank Checking or Savings Account:
Account#:	□Checking or □Savings
(Check one) DEntire	Net Pay
18	lster Savings Bank ustomer Service Department 80 Schwenk Drive ingston, NY 12401

Ulster Savings Bank ABA Routing Number: 221971264

I authorize (Employer or Fund Originator): ____

to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my account at Ulster Savings Bank.

I understand that this authorization will remain in full force and effect until the company named here has received written notification from me of its termination in such time as to afford the company and depository a reasonable opportunity to act.

(Please print form, sign and date)

Signature: ____

Date:_____

* This authorization form is valid only to initiate a direct deposit of funds to an Ulster Savings Bank account. Participation in direct deposit is contingent upon your employer or fund originator offering the service and your eligibility to participate. Note that some organizations or companies (like Social Security) may require the use of a special form. Contact your employer or fund originator.