DIRECT DEPOSIT AUTHORIZATION PAYROLL DEDUCTION



80 Bank St., Stevenson, AL 35772

1-800-344-2951

www.fssbank.com

DIRECT DEPOSIT AUTHORIZATION					
Customer: Customer No.:					
Employer:	ployer:				
Home Phone:	Work Phone:		Payroll No.:		
	☐ Initial Authorization	☐ Change in Authoriza	tion		
By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the financial institution for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the financial institution a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.					
Deposit Amount:	Check	_ Payroll Period:	☐ Weekly☐ BiWeekly	☐ Monthly☐ Semi-Monthly	
Routing Number: 0622024	77			•	
Deposit To:	ngs	Account Number	::		
X					
Signature		Effective Date			
By signing above or otherwas follows:	vise authenticating, I authorize First S	outhern State Bank to apply	my payroll deduct	ion for each pay period	
Share Draft/Checking	#	\$		or%	
Share/Savings	#	\$		or%	
Money Market	#	\$		or%	
Loan	#	\$		or%	
Loan	#	\$		or%	
Loan	#	\$		or%	
IRA	#	\$		or%	
Other:	#	\$		or%	
Other:	#	\$		or%	
	TOTA	L \$			