



## Direct Deposit Authorization Form

### Authorization Agreement

I hereby authorize (company name) \_\_\_\_\_ to initiate automatic deposits to my account at Kennebec Federal Savings. I also authorize (company name) \_\_\_\_\_ to initiate reversal of any credit amounts in the event of an error.

### Account Information

Name of Account Owner \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_  Checking  Savings

Routing Number 211272614

### Signature

I understand that this authorization may be terminated by me at any time by written notification to the company or to Kennebec Federal Savings.

Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_