FIRST RELIANCE
BANK

PAYROLL DIRECT DEPOSIT AUTHORIZATION

Section 1 – RECIPIENT INFORMATION

YOUR SOCIAL SECURITY NUMBER

YOUR NAME (LAST, FIRST, MI)

YOUR HOME PHONE NUMBER

Section 2 – ACCOUNT INFORMATION

ROUTING TRANSIT NUMBER

Checking ☐ Savings ☐

ACCOUNT NUMBER

ACCOUNT HOLDER'S NAME

FINANCIAL INSTITUTION NAME

I, (we) hearby authorize Charles Foster Company {hereinafter called Company}, to initiate credit entries DIRECT DEPOSIT – PAYROLL and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit/or debit the same to such account.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

** Please attach copy of voided check here**

Section 3 – AUTHORIZATION

Signature _____ *Date* _____