

Direct Deposit Form



Name _____
(Enter name as it appears on personnel file)

Today's date _____ Effective date of change _____

Security Federal Savings Bank
314 Fourth Street, Logansport, IN, 46947
574-722-6261
Bank Routing Number: 274970607

BANKING AUTHORIZATION

I authorize my employer _____ to deposit my paycheck into the account(s) listed below.

Checking Account number(s) _____ Amount of Deposit _____

Checking Account number(s) _____ Amount of Deposit _____

Savings Account number(s) _____ Amount of Deposit _____

*Direct Deposits can take up to 30 days to process.
Print, complete form and return it to your employer or institution initiating the Direct Deposit.
Attach a VOIDED CHECK for verification purposes.
For questions regarding Direct Deposits contact:
Jodie Miller 574-722-6261*

Employee Signature _____ Date _____

Bank Representative _____ Date _____
(Fill this out if a Bank Representative assists you.)

www.secfedbank.com

300 Mall Road, Logansport, IN 46947, 574-722-3826
314 4th Street, Logansport, IN 46947, 574-722-6261
519 Markland Avenue, Kokomo, IN 46903 765-457-1161

