



## Direct Deposit Authorization

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Employer Information

To \_\_\_\_\_

(Employer name here)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please accept this letter as authorization to change the bank account information for direct deposit in the name of \_\_\_\_\_

Payment Type (i.e. Payroll/Pension/Retirement/Investment Income/other- please specify) \_\_\_\_\_

Previous Financial Institution \_\_\_\_\_ Previous Account # \_\_\_\_\_

### New Financial Institution

Fidelity Bank  
101 N. Blakely Street  
Dunmore, PA 18512  
1-800-388-4380

New Account # \_\_\_\_\_

ABA/Routing # 031303129

(Attach a voided Fidelity Bank Check)

Account Type \_\_\_\_\_

(Checking or Savings)

If you should have any questions regarding this change, please call my daytime phone number  
\_\_\_\_\_.

I hereby authorize this change in direct deposit:

\_\_\_\_\_  
(Signature)

This form is for the client to submit to their employer. Please note: Federal benefits, including Social Security, will require the client to contact the appropriate agency directly.

Last Revised: 01/04/2019