



**Citizens
National Bank**

The Power of LocalSM
Member FDIC

Payroll/Direct Deposit-

Complete this letter if you currently receive funds into your checking and/or savings account(s) through direct deposit. This may include funds from:

- Your employer
- Brokerage Deposits (i.e. dividends, interest)
- Transfers from other financial institutions' accounts (i.e. savings, checking, money market)
- Child Support or other court-issued deposits

If you have several direct deposits, you will need multiple copies of this form. Once completed, send the letter to the company initiating the deposit.

For **Government Deposits** (i.e. Social Security, Pension, Retirement): If you are already receiving your federal benefit payment by direct deposit, and would like to have your payments sent to a different account, you will need to call the federal agency that pays your benefits. For a full list of the agency contact information, go to www.godirect.gov Health Clubs and/or Gym Memberships

Should you have questions, please feel free to visit any of our branches for assistance. You may also call our Customer Care Center at 601.693.1331 or visit our website at

www.YourCNB.com

CITIZENS NATIONAL BANK • Member FDIC



AUTHORIZATION FOR PAYROLL /DIRECT DEPOSIT

Date: _____

Company Name: _____

Address: _____

Street or PO Box City State ZIP

Purpose of the Authorization (Check one)

New Authorization Changes to existing authorization

I authorize and request my employer to make a direct deposit from payroll to the financial institution indicated below. I understand that I may terminate this agreement at any time by completing another Direct Deposit Authorization form. Effective immediately, the information for my direct deposit is as follows:

Citizens National Bank
 512 22nd Ave
 Meridian, MS 39301
 601.693.1331
 Routing Transit Number: **065300211**

Account Number: _____

Special Instructions: _____

If you have any questions regarding this request, or if the letter is not sufficient to complete this request, please call me at the number listed below. Thank you for assistance with this matter.

Sincerely,

Signature

Name

Address

City State Zip Code

Phone- Day: _____ Social Security Number: _____