## Direct Deposit/ Automatic Payment Enrollment Authorization

Switch your automatic payments and direct deposits to Cornhusker bank. Complete and sign one form for each automatic payment or direct deposit and mail to the companies you currently authorize to make automatic payments from or direct deposits to your new account, such as Social Security, dividends, utilities, mortgage, credit card, brokerage, and other automatic investments, insurance, etc. This form will notify the companies that you wish to have your automatic payment or direct deposit transaction redirected to Cornhusker Bank.

To: Company Name		From: Customer/Business Name
Merchant Address		Customer/Business Address
City, State, Zip Code		City, State, Zip Code
Merchant Account #		Customer/Business Phone #
(cc	mpany/organizat	Payment" to Cornhusker bank. I hereby authorize ion name) to initiate credit entries and to initiate, if credit error to my account indicated below and
	pany listed above,	the same to such account. This authority is to remain, and Cornhusker Bank have received notification from opportunity to act on it.
Signature	date	
Social Security Number/Tax ID Number		
Daytime Phone Number		
Cornhusker Bank Account #		
104907025		
Cornhusker Bank Routing #		