Mariner's Bank

Direct Deposit Authorization Form

Complete this form to notify employers and other organizations to redirect direct deposits from your former checking account to your new checking account at Mariner's Bank. Please remember to include a voided check from your new Mariner's Bank account with this form.

Type of Direct Deposit: _____ Employee Payroll _____ Pension/Retirement
_____ Investment Income _____ Other

Note: For payroll direct deposit, please give this form to your Human Resources Department. For any governmental direct deposits, please use the Treasury Department Standard Form 1199A, available at any Mariner's Bank Branch. You can also contact any of the agencies by phone. A list of Helpful Phone Numbers and Websites has been provided as part of the Mariner's Switch Kit.

Company Name: _____

Address: _____

Please accept this letter as authorization to change all future direct deposits for the following:

Account Holder Name (s): _____

Address: _____

Primary Account Holder SSN: _____ Employee ID (if applicable) _____

Account Number: _____

As of _____ (date), please begin making the direct deposits into the account referenced below at:

Mariner's Bank
935 River Road
Edgewater, N.J. 07020
201-224-9110
Bank Routing Number: 021213559

New Account Number: _____ Acct Type: Checking

_____
Account Holder Signature Date Phone

_____
Account Holder Signature Date Phone

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