

1 DIRECT DEPOSIT TRANSFER FORM

(ATTACH VOIDED HARRIS CHECK OR  
PRE-PRINTED DEPOSIT SLIP HERE)



→ To \_\_\_\_\_  
Company Name  
\_\_\_\_\_  
Company Address  
\_\_\_\_\_  
City, State, Zip Code

To Whom It May Concern,

→ I would like to **Establish Direct Deposit** **Change my existing Direct Deposit.** Below you can find any information you will need to route my Direct Deposits.

→ \_\_\_\_\_  
Employee ID #                      Social Security #

Checking Account 1 _____ Account Number _____ Amount (in dollars or percentage of deposit)	Checking Account 2 (optional) _____ Account Number _____ Amount (in dollars or percentage of deposit)
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→ I hereby authorize \_\_\_\_\_ (employer/3rd party) to make such deposits directly to my Harris N.A. account(s) shown above and authorize Harris N.A. to accept such deposits.

Sincerely,

→ \_\_\_\_\_ (customer signature required) \_\_\_\_\_ (date)

→ \_\_\_\_\_  
Customer Name                      Customer Phone Number  
\_\_\_\_\_  
Customer Address                      Customer E-mail Address  
\_\_\_\_\_  
City, State, Zip Code