



DIRECT DEPOSIT ENROLLMENT FORM

Branch: _____ Phone # _____

INSTRUCTIONS

CUSTOMER:
This form enables you to initiate or re-route direct deposits such as payroll, social security payments, annuities, etc. into your new statement savings, checking or Money Market account at Valley.

BRANCH:
Mail completed form via certified mail with return receipt requested to the Direct Deposit Originator.

CUSTOMER INFORMATION

NEW REQUEST **CHANGE REQUEST**

Name _____

Address _____

City, State, Zip Code _____

Social Security No. _____
(Enter only if request is to be to Social Security Originator)

DIRECT DEPOSIT ORIGINATOR

I authorize _____, located at _____
(Name of Direct Deposit Originator) (Address)

_____ hereinafter referred to as "Originator", to initiate credit entries and to initiate,
(City, State, Zip Code)

if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and Valley National Bank hereinafter referred to as "Depository", to credit and/or debit the same to such account.

BRANCH INFORMATION

Account Name _____

Depository Bank _____ Routing Number _____

Account Type: Checking Savings Account Number _____

Amount to Deposit: (check one): Net Pay Fixed Amount \$ _____

If the Originator permits direct deposit to more than one account, I elect to have a portion of the proceeds deposited into the following account:

Account Name _____

Depository Bank _____ Routing Number _____

Account Type: Checking Savings Account Number _____

Amount to Deposit: (check one): Net Pay Fixed Amount \$ _____

CUSTOMER AUTHORIZATION

This authority is to remain in effect until the Originator is notified in writing from me of termination in such time as to allow the Originator and Depository ample opportunity to act on my request.

SIGNATURE

DATE