

## **Main Office**

100 East Main Street P.O. Box 329 McConnelsville, OH 43756 740-962-4565 Fax: 740-962-6432

401 Main Street P.O. Box 423 Duncan Falls, OH 43734 740-674-6055 Fax: 740-674-5043





## **Direct Deposit Authorization**

Effective	, I hereby authorize	
to send credit entries and	l appropriate debit adjus	tment entries to the account indicated below
Financial Institution N	lame: <u>The Citizens Natior</u>	nal Bank of McConnelsville
Bank Routing/ABA Nu	mber: <u>044106397</u>	
Bank Account Nur	mber 1:	_
Bank Account Typ	e:	
Percentage of Dep	oosit:%	
Bank Account Nur	mber 2:	<del>_</del>
Bank Account Typ	e:	
Percentage of Dep	oosit:%	
If you have any questions	regarding this form, plea	ase contact the undersigned:
Name:		Tax or Employee ID:
Address:		City:
State:	Zip Code:	Phone Number:
Signature		 Date