Direct Deposit Request Form

This form is used to instruct your employer to make direct deposits to your **CIT Bank Deposit Account**. Complete the form, sign it, and give it to your employer's payroll department to request direct deposit of your paycheck. If your employer prefers to use their own form, you may use this as a reference.

Customer Information

Last: First: MI:

Street:

City: State: Zip:

Please have my paycheck automatically deposited into the following account:

☐ eChecking Account Number:

or

☐ Savings Account Number:

or

☐ Money Market Account Number:

CIT Bank Routing Number: **124084834**

Authorization (signature required):

BY SIGNING BELOW, I authorize (Employer Name),

to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my CIT BankBank Deposit Account. I understand that this authorization will remain in full affect until the company named above has received written notification from me of its termination in such time as to afford the company and depository a reasonable opportunity to act.

Accountholder Name (print) _____ Accountholder Signature Date

* This authorization form is valid only to initiate a direct deposit of funds to a CIT Bank Deposit Account. Participation in direct deposit is contingent upon your employer offering the service and your eligibility to participate.

Questions? Feel free to call us at 1-855-462-2652. Hours: Monday through Friday: 9:00 a.m. – 9:00 p.m. (ET) Saturday: 10:00 a.m. – 6:00 p.m. (ET) Sunday: Closed

MEMBER FDIC

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