

Direct Deposit Authorization Form

To: _____
(Company Name/Employer)

I authorize you to electronically deposit my pay as directed to my account(s) listed below:

NOTE: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

ACCOUNT TYPE:	Checking	Savings
(Attach a voided M&T Bank Check or pre-printed Savings Withdrawal Ticket to help ensure accuracy)		
Account Number:	_____	ABA/Routing Number: _____
(first 9 digits located at the bottom left corner of your checks or withdrawal tickets)		
Deposit Amount:	_____ % OR \$ _____	(flat amount) OR Remaining

ACCOUNT TYPE:	Checking	Savings
(Attach a voided M&T Bank Check or pre-printed Savings Withdrawal Ticket to help ensure accuracy)		
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Deposit Amount:	_____ % OR \$ _____	(flat amount) OR Remaining

Please use the following personal information and signature as authorization, or to contact me with any questions.

Name(First/Middle/Last) : _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Social Security Number (If required by employer): _____
Daytime Phone Number: _____ Employee Number (If applicable): _____
Signature (Required): _____ Date: _____

When you have completed this form, submit it to your employer's payroll department.

Contact your employer or income source to make sure no other special forms are required.

M&T Bank Routing Numbers:

022000046 - New York, New Jersey, Connecticut, Vermont, New Hampshire, Rhode Island, Maine, and Massachusetts
031302955 - Pennsylvania and Delaware
052000113 - Maryland, Virginia, West Virginia and DC

M&T Bank