



800 W. Grant Hwy., PO Box 255  
Marengo, IL 60152  
Phone 815-568-4100 Fax 815-568-4138  
www.prairiecommunitybank.com

***Employer Direct Deposit Sign-Up Form.***  
***It's Simple, Safe & Saves Time.***

Take this completed form to your employer's payroll department to request direct deposit of your payroll checks.  
Some agencies or businesses may require that you use specific forms that they have designed.  
Please check with them prior to making your request.

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Other information your Employer may need (Social Security Number, employee ID number, etc.) \_\_\_\_\_

Please have my payroll check automatically deposited into the following account:

\_\_\_\_\_  
Checking Account Number

**or**

\_\_\_\_\_  
Savings Account Number

**Routing Number for Prairie Community Bank: 071925758**

I authorize \_\_\_\_\_ and Prairie Community Bank to automatically  
(name of business)  
deposit my payroll check into my account listed above. (This includes my authorization to correct any entries  
made in error.) This authorization will remain in effect until I give written notice to cancel it.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date



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***Change my Automatic Payment***

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

You are currently withdrawing \$ \_\_\_\_\_ from the following account:

Bank name \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

For \_\_\_\_\_ on the \_\_\_\_\_ day of each month.  
(Reason: i.e. loan payment, phone bill)

**I authorize you to please:**

**Stop making withdrawals from the above account on:** \_\_\_\_\_  
(Date)

**Begin making withdrawals from my new account on:** \_\_\_\_\_  
(Date)

**New Bank Information:**

**Prairie Community Bank**

**Routing number 071925758 Account number \_\_\_\_\_**

You may contact me at the following phone number if you have any questions about this request.

Phone \_\_\_\_\_  Day  Evening

Sincerely,

Signature \_\_\_\_\_

Name \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*Please copy and fill out as many forms as needed.  
Please attach a copy of a voided check from your new account.*