



DIRECT DEPOSIT AUTHORIZATION

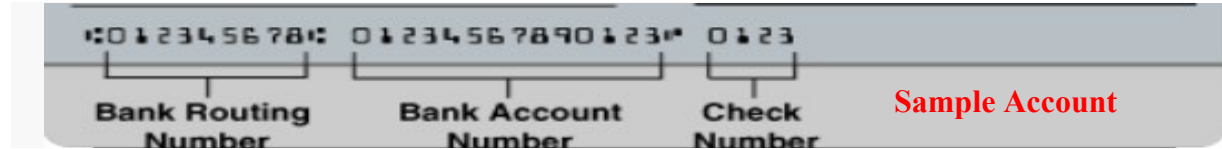
Customer Name: _____

Social Security Number: _____

Financial Institution Name: _____

United Bank Routing Number: _____

United Bank Account Number: _____



Select Account Type: Checking Account Savings Account

Direct Deposit the following:

Total net check amount

The set amount of \$_____ of my net check each period

By completing and signing this authorization form, I hereby authorize my employer to automatically deposit my payroll into the checking or savings account listed above. This authority will remain in effect until I give notice to cancel it.

Signature: _____

Date: _____