

# Direct Deposit Authorization

Complete this form and submit to your employer to start using Direct Deposit or to change an existing Direct Deposit arrangement. Please be sure that all of your personal information is correct and keep a copy for your records.



**WESTERN  
SECURITY**  
BANK

DIVISION OF GLACIER BANK

## Personal Information

Full Name:

Social Security Number:

Street Address:

City:

State:

Zip Code:

Phone Number:

Work Number:

Email:

## Account Information

Full Name: **Western Security Bank, Division of Glacier Bank**

Routing Number: **292970854**

Account Number:

Account Type: ☐ Checking ☐ Savings

## Deposit Information

Effective: ☐ Immediately  
☐ Beginning on:

Amount: ☐ Entire Net Pay  
☐ % of Net Pay  
☐ Specific \$ Amount

## Authorization

To Employer Name:

I authorize the above employer to initiate credit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Western Security Bank on a recurring basis. This authorization will remain in force until I notify you in writing of any change or cancellation.

X\_\_\_\_\_ Date:\_\_\_\_\_

To update your Social Security Deposit Information, go to  
<https://www.ssa.gov/myaccount/> or visit a local Social Security office.



Member  
**FDIC**