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 B Account Number:	ank Check or pre-printe	0		elp ensure accuracy) ing Number:		
Deposit Amount:		(first 9 o % OR \$	digits located at	the bottom left corner (flat amount)		ecks or withdrawal tickets) Remaining
ACCOUNT TYPE:	Checking	Savings				
(Attach a voided M&T B Account Number:	ank Check or pre-printe	•		elp ensure accuracy) ing Number:		
Deposit Amount:		(first 9 o	digits located at	the bottom left corner (flat amount)		ecks or withdrawal tickets) Remaining
ACCOUNT TYPE:	Checking	Savings				
(Attach a voided M&T B Account Number:	ank Check or pre-printe	ed Savings Withdr		elp ensure accuracy) ing Number:		
Deposit Amount:		(first 9 o % OR \$	digits located at	the bottom left corner (flat amount)		ecks or withdrawal tickets) Remaining
Please use the follo questions. Name(First/Middle/		ormation and	C		to con	tact me with any
Street Address:						
City:			State:	Zip	Code: _	
Social Security Num	ber (If required by e	employer):				
Daytime Phone Num	ber: 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