



Direct Deposit Authorization

Complete each field in this form. Return the signed form along with a voided check to your employer.

Company Information

Company Name _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Employee Information

Name _____ Employee ID# _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Bank Information

Commerce Bank
1000 Walnut Street
Kansas City, MO 64106-2123

Routing – Transit _____

For any direct deposit related questions, please call **1-800-453-BANK**

Deposit Information

Account Type: Checking Savings Money Market

Account # _____ Amount \$ or % _____

Account Type: Checking Savings Money Market

Account # _____ Amount \$ or % _____

I authorize the above named employer to make deposits in the Commerce Bank account(s) identified above and authorize the bank to accept such deposits. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. I understand that this authorization replaces any previous authorization and will remain in full force and effect until the company named above has received written notification from me of its termination in time to afford the company and the depository a reasonable opportunity to act.

Employee Signature _____ Date _____

ATTACH A VOIDED CHECK FROM YOUR NEW ACCOUNT