



Direct Deposit Authorization Form

Authorization agreement for automatic deposits (ACH credits)

Directions for Customer Use:

1. Ensure entire form is complete, then sign and date
2. Deliver form directly to Employer/Company
 - a. If Employer/Company prefers or requires their own form, use account type, number and ABA routing number below to help complete their form

Employer/Company Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account Type: Checking Savings

Account Number: _____

ABA Routing Number: 011201458

Deposit Amount _____% OR \$_____ (Flat Amount) OR Remaining

Account Type: Checking Savings

Account Number: _____

ABA Routing Number: 011201458

Deposit Amount _____% OR \$_____ (Flat Amount) OR Remaining

I/we hereby authorize the above named Company to initiate automatic deposits to Camden National Bank. If monies to which I am not entitled are deposited to my account, I authorize the Company to direct Camden National Bank to return said funds and I authorize Camden National Bank to act on the Company's direction and to return said funds. This authority will remain in effect until Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Camden National Bank a reasonably opportunity to act on it. I/we acknowledge that the origination of the ACH transactions to my/our account must comply with applicable law.

First Name: _____ Middle Initial: _____ Last Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____