



CommunityBank
OF LOUISIANA™

DIRECT DEPOSIT FORM

Employee Name _____ Social Security Number _____

I authorize _____ to automatically deposit my net wage payments each pay period to my:

Account Type _____

Account Number _____

Routing Number: 111104581

Employee Signature _____

Date _____

Complete this form and submit it to your employer's payroll clerk. The clerk may have another employer form for you to complete. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.