



**Please complete the information below and return to your Employer**

I authorize  
(Employer name)

to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking account

Savings account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing directly to my employer allowing them reasonable time to contact Sauk Valley Bank.

Start Date: \_\_\_\_\_

Routing Number 071125891

Checking Account Number

Checking Account Deposit Amount \$ \_\_\_\_\_ or all \$

Savings Account Number

Savings Account Deposit Amount \$ \_\_\_\_\_ or all \$

Customer Name \_\_\_\_\_  
(Print or Type)

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Authorized Account Owner Signature

Date