Direct deposit form

Provide this completed form to your employer or payment provider (your provider may have their own form). It may take **1-2 pay periods** for your direct deposit to take effect.

Your info

Name _____

Address _____

City _____ **State** _____ **ZIP code** _____

Phone _____

Direct deposit instructions

Ally Bank account

☐ Checking or Money Market ☐ Savings

Routing number: 124003116

Account number

☐ Deposit entire amount

Percentage _____ % or **Dollar amount** $ _____

Ally Bank account 2 (optional)

☐ Checking or Money Market ☐ Savings

Routing number: 124003116

Account number

☐ Deposit remaining amount

Percentage _____ % or **Dollar amount** $ _____

Authorization

By signing below, I authorize _____ (employer/payer) to electronically credit my Ally Bank accounts listed above and, if necessary, to electronically debit my accounts to correct erroneous entries. This authorization remains in effect until I notify my employer or payment provider in writing, or as otherwise specified with a reasonable period of time to act.

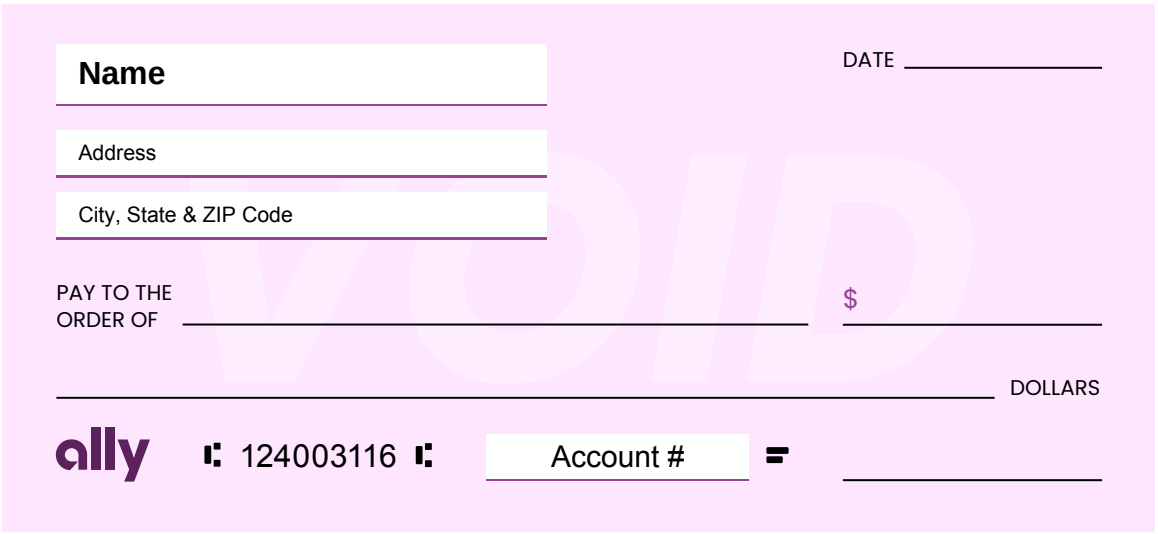
Signature _____ **Date** _____

Ally Bank
ATTN: Deposit Operations
1100 Virginia Dr., Suite 150
Fort Washington, PA 19034

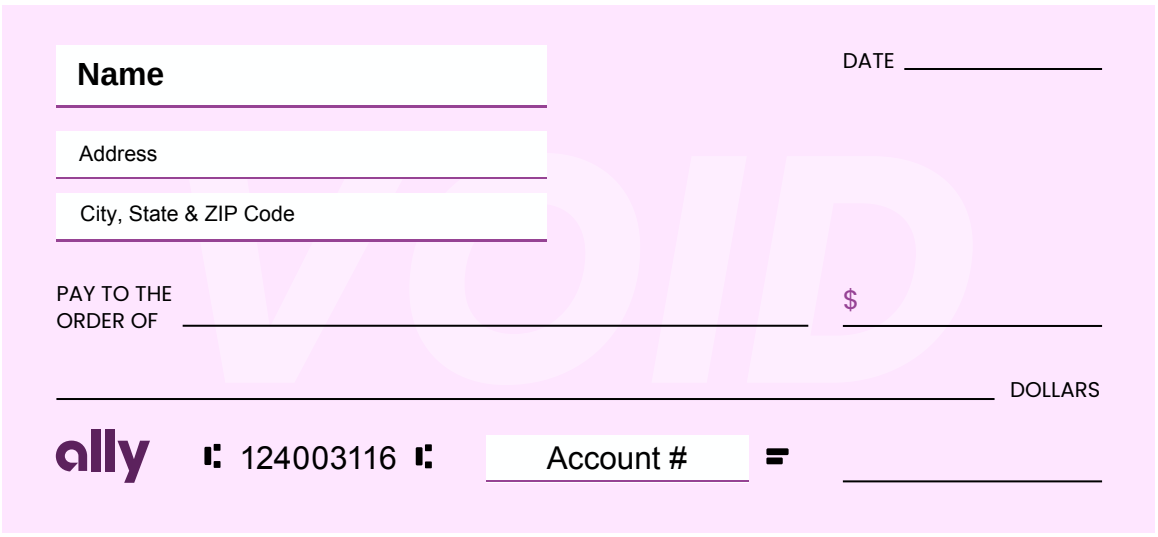
Voided check (optional)

Here's an example of a voided check in case your employer or payment provider asks for one. If you have a physical check, you can attach it here.

Ally Bank account



Ally Bank account 2



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