

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Give this form to your employer.

COMPANY
NAME _____ **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____

I hereby authorize my paycheck to be sent to *BankFinancial*, F.S.B. (**routing number 271972899**) hereinafter called **BANK**, to deposit my () Checking () Savings account (select one) indicated below. This authorization is to remain in full force and effect until **BANK** has received written notification from me of its termination in such time and such manner as to afford **BANK** 30 days in advance of the cancellation date.

ACCOUNT NUMBER _____ **AMOUNT** _____ **START DATE** _____

FREQUENCY _____ **ACCOUNT HOLDER'S NAME** _____

ACCOUNT HOLDER'S SIGNATURE _____ **DATE** _____