

Direct Deposit Authorization

This form is keyboard friendly or you can print it out and complete it by hand.

Use the following form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your First Financial Northwest account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change

Employer

Address

City, State, Zip

Phone #

Employee ID
(if applicable)

Effective immediately, please deposit the net amount of my check to my **First Financial Northwest** account.

I authorize (name of depositor) to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Checking

Account#

Routing#

Name

Address

City, State, Zip

Phone #

Signature

Date

If you have any questions during this process, or need help, please call us at 425.255.400. We are here to help you make an easy switch!

Common Direct Deposits

Payroll ☐

Social Security ☐

Investments ☐

Retirement Plans ☐

*It is recommended
that you attach a
voided check from
your new FFNW
account with this
request.*