

DIRECT DEPOSIT/DIRECT DEBIT AUTHORIZATION

To: _____
Company Address

Phone number (if available) City, State, Zip Code

Regarding:

Company Account Number: _____

Customer Name(s) on Account: _____
(Print Name) Social Security Number (last 4 digits)

(Print Name) Social Security Number (last 4 digits)

I (we) hereby authorize to change the above referenced direct deposit/ direct debit to the below named bank.

First Bank Receiving Information:

Routing Number (ABA): _____

Account Name: _____

Indicate One: ___ Checking ___ Savings

**A VOIDED CHECK OR DEPOSIT SLIP IS REQUIRED
PLEASE ATTACH HERE**



Member FDIC

Customer Signature

Date

Bank Representative Signature

Date

Bank representative: Please return to the TBC in Hermann