

# DIRECT DEPOSIT REQUEST FORM

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**Company Making Direct Deposits**

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Company Address                      City                      State                      Zip

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Company Phone    Company Fax

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**Account Holder's Name**

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Address                      City                      State                      Zip

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Home Phone    Work Phone

**To Whom It May Concern:**

You are currently making a direct deposit to the following account:

Financial Institution Name: \_\_\_\_\_

Routing Number for Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

As of \_\_\_\_\_ (date), please start making this automatic deposit into my account at:

**First State Bank & Trust Co.**

**Routing Number: 101101992**

**Account Number: \_\_\_\_\_**

If you have any questions about this request, please contact me at \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Complete and send this form to each employer or payer with which you have an arrangement for deposits into your account.*