Direct Deposit Form

Instructions:

- 1. Complete, sign and date this form; make additional copies as necessary.
- 2. Submit this form to each company/organization that you wish to establish or change direct deposit directions for your account.
- 3. Keep a copy for yourself.

Company/Organization Name			
Address			
City	State	Zip	
Direct Deposit Request to First St	ate Bank		
I have recently changed banks and winstructions. Effective immediately pleastart making the following automatic of	ase discontinu	ue my current direct deposit and/or	
First State Bank P.O. Box 305 Eastpointe, MI 48021		Joe Smith 1234 Anystreet Court Any City, MI 12345 Pay to the order of	
Phone #: 866-372-1275		FirstState Nou Homelown Bank	
ABA Routing #: 072410165		Routing Account Check Number Number Number	
□ Establish Direct Deposit (OR 🗆 C	Change My Existing Direct Depo	
Note: You can make direct deposits to	more than o	ne account.	
1. Account Type:		ccount Type:	
☐ First State Bank Checking		rst State Bank Checking	
☐ First State Bank Savings		rst State Bank Savings	
		ount Number: ount \$ or % (circle one)	
Contact Information and Signat		Frankayaa ID#	
Name			
Address			
City Daytime Phone #:		Σίβ	
Please accept this as my authorization any questions about this request, plea	n to make dire		
Signature	Date		
Print Name			