

DIRECT DEPOSIT CHANGE FORM

Complete this form and provide it to your employer's Human Resources or Payroll department.

I _____ have closed my checking account with _____
(Your Name) (Current Bank)
Effective _____.

I hereby authorize my direct deposit to be changed from my current checking account # _____ at _____ to my new First Farmers Bank account as listed below:

Checking Account # _____
ABA Routing # _____ 083903069 _____
Effective Date _____

Checking Account # _____
Amount/Percent to be deposited: _____

Savings Account # _____
Amount/Percent to be deposited: _____

If you have any questions or if there is a penalty or fee please contact me at:
(_____) _____-

Thank you for your attention to this matter.

Customer Signature

Date

ATTACH A NEW FIRST FARMERS BANK VOIDED CHECK HERE

