

DIRECT DEPOSIT REQUEST FORM

Company Making Direct Deposits

Company Address City State Zip

Company Phone Company Fax

Account Holder's Name

Address City State Zip

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.
7206 College Boulevard
Overland Park, Kansas 66210
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.