

DIRECT DEPOSIT TRANSFER LETTER

Complete this form for every company (i.e. employer, vendor) initiating a direct deposit to your account. Then, give this signed form, along with a voided check from your new Two Rivers Bank & Trust account, to the party making the direct deposit. Please note: you may be required to complete their standard direct deposit form.

ESTABLISH DIRECT DEPOSIT CHANGE MY EXISTING DIRECT DEPOSIT

Company Information

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Customer/Employee Information

Name (First MI Last): _____
Social Security / ID # (If Required): _____

Financial Institution Information

Account Type: CHECKING SAVINGS Account #: _____

ABA Routing #: _____
(9 digits in the bottom left portion of your check)

Financial Institution Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Customer/Employee Authorization

I hereby authorize my company/employer to directly deposit to the account identified above. I understand that the notice of deposit is not a guarantee that funds have been received by my financial institution. I acknowledge that this authorization is binding and may only be altered or cancelled upon written notification from me to my company/employer.

ATTACH VOIDED CHECK HERE

Signature(s): _____

Date: _____