

Payroll Direct Deposit Authorization Form

Use this form to request the direct deposit of your payroll to your F&M Bank account. You will need to provide this information to your employer along with any additional information and authorization they might need.

Company Name
Company Address
City, State, Zip

Please change the account used for Direct Deposit to my new bank account

Employee Name
Address
City, State, Zip
Phone Number
Social Security #

My New Account Information

Account Type	Checking	Savings
Account Number		
Routing Number/ABA #		
Voided Check	Yes	No

I hereby authorize my employer, _____ (company name) to deposit my paychecks directly to my F&M Bank account indicated above. This authority shall remain in effect until I have given written notice to terminate this service.

Employee Signature

Date