

## Direct Deposit Change Request

To (Direct Deposit Source	e):			
From (Your Name and Ad	dress):			
Social Security Number:_				
RE: Change of Direct Do	eposit Routing			
Please discontinue sending	g my direct deposit to	D:		
Financial Institution	on:			
	ımber:			
Please <i>begin</i> sending my o	leposit to:			
First Southern Stat 80 Bank Street, Sto Routing Number: 0	evenson, AL 35772			
Account Number: _				
	Savings			
Deposit Amount:	Net Check OR	\$		
Payroll Period:	Weekly	BiWeekly	Monthly	Semi-Monthly
Effective Date:				
I hereby authorize my employer financial institution for each payr authorization is revocable. If this to follow this authorization. If I directed to make and apply deducincrease or decrease the amount extension for which the payment	roll period following receips is a change in a previous fail to cancel this authorizations in accordance with tof my deduction upon writ	pt of this authorization authorization, I instruc- ation upon filing for ba this authorization. I gra- ten or verbal request.	until further notice from met my employer to cancel met my employer to cancel met mkruptcy, my employer and the financial institution of the power of attorney only	ne. I understand that this ny previous authorization and d the financial institution are a power of attorney to y applies to a loan or credit