



DIRECT DEPOSIT AUTHORIZATION FORM

NOTE: Check with your employer/direct depositor to make sure no other information or specific forms are necessary to complete the change of your direct deposit to your new bank account.

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Account number with company _____

PLEASE CHANGE THE ACCOUNT USED FOR DIRECT DEPOSIT TO MY NEW BANK ACCOUNT:

Last Name _____ First name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Last 4 of Social Security # _____

MY NEW ACCOUNT INFORMATION:

Account Type: Checking Savings

Account Number _____ Routing Number **101112473**

I hereby authorize _____ (company name) to make deposits to my Western National Bank account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____