



Automatic Deposit Authorization Form

Complete this form and attach a voided check from your new account and provide it to any of your direct deposit companies. Please note other companies may require additional information or specific forms in order to complete the change.

Company Name		
Company Address		
City	State	Zip Code
Account Number	Payment Type	

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

First Name	Middle	Last Name
Street Address		Apt. #
City	State	Zip Code
Social Security Number	Phone Number	

My New Account Information:

Account Type: Checking Savings
Account Number: _____ Routing Number: 042108517

I hereby authorize, _____(company name) to make deposits to my Bank of Lexington 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: _____