

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Note: Make sure to check with your direct depositor to ensure no other pertinent information is required to complete the direct deposit change. If this form is acceptable, please attach a preprinted voided check from your new account and provide it to your direct depositor.

Company Name:		
Company Address:		
Please change t	he account used for Dire	ect Deposit to my new bank account:
Employee First and Last Name:		
Address:		
Phone Number:	Last 4 of Social	Security Number:
	New Account I	nformation
Account Type:	•	
Account Number:		Routing Number: 102107034
	ke any necessary adjust	to deposit directy into my First Southwest Bankments for any credit made to my account in error. This ce to terminate this service.
Employee Signature:		Date:

Please attach VOIDED check in the space provided above.

866.641.3792 | fswb.bank | info@fswb.com