

FM BANK

Direct Deposit Change Form

Date

Name of Company

To whom it may concern:

You are currently depositing my payroll check into the following account:

Previous Financial Institution: _____

Account Number: _____

Please cancel these deposits and forward them to:

FM Bank

ABA Routing #: 065201530

Account Number: _____

Thank you,

Signature

Date

Name (please print)

Social Security Number or Employee ID

FM BANK

Automatic Payment Change Form

Company Name: _____

Address: _____

Customer Account/Policy # _____

Customer Information

Name: _____

Billing Address: _____

City/State/Zip: _____

Phone Number: _____

Payment Information

Please deduct my payment from my account as follows:

FM Bank Routing Number: 065201530

FM Bank Account Number: _____

Type of Account:

Checking

Savings

NOTE: A void check or deposit slip should be included with this form.

Signature

Date

FM BANK

Close Account Form

To whom it may concern:

Please close the following account(s) and forward a check for the remaining balance to myself at the address below.

Type of Account:

Checking Account Number _____

Savings Account Number _____

Customer Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Signature

Date