

AUTOMATIC DEPOSIT AUTHORIZATION FORM

Company Name: _____

Company Address: _____

To Whom It May Concern:

I recently changed banks and request that my automatic **deposit** be switched to my new account at **FIRST BANK & TRUST CO.** My information is a follows:

Name on account: _____

Identifying number with your company (account number): _____

Address: _____

Phone Number: _____

Please switch my automatic deposits to this account: Checking Savings

FIRST BANK & TRUST CO. account number: _____

FIRST BANK & TRUST CO. Routing Number: 103102106

Effective: Immediately On / / Address: PO Box 580
Duncan, OK 73534

I authorize your company to initiate **credit** entries to my account at **FIRST BANK & TRUST CO.** I understand that this authorization will remain in full force until all parties have received written notification from me of it's termination in such time as to afford a reasonable time to act. If you have any questions, please call me at the number listed above.

Signature: _____ Date: _____