

Automatic Deposit Authorization Form

Company Name: _____

Company Address: _____

To Whom It May Concern:

I request that my automatic **deposit** be directed to my account at **First Bank & Trust Co.**
My information is as follows:

Name on account: _____

Identifying number with your company (account number): _____

Address: _____

Phone Number: _____

Please deposit into 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 and to initiate, if necessary, debit entries and adjustments for any credit entry in error 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 its 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: _____