



Direct Deposit Change Request Form

Please review and complete the following information.
Return this form to your employer's Human Resource Office.

Section 1 – Direct Deposit Authorization Information
Name:
Social Security Number:
Address:
City:
State:
Zip:
Company Name:
Company Address:
Section 2 – Deposit Instructions
<input type="checkbox"/> Deposit entire amount to checking Account Number:
<input type="checkbox"/> Deposit partial amount: \$ to savings Account Number:
Remaining amount: \$ to checking Account Number:
Transit/ABA Number (first 9 numbers in bottom left corner of check):
Section 3 – Signature – Please make sure to sign below.
<p>I hereby authorize:</p> <ul style="list-style-type: none"> • Company listed in section 1 above to direct deposit my fund(s) to my First Reliance Bank account specified in section 2. • First Reliance Bank to credit and/or debit entries to my account(s). • This authorization to remain in full force and effect until I send written notice of change or cancellation.
Signature:
Date: