Direct Deposit Request Form

Exchange State Bank

Company Name _____

Company Phone _____

Name of Employee _____

Employee Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell Number _____

To Whom It May Concern:

You are currently depositing my paycheck to the following account:

Financial Institution Name (Bank): _____

Routing Number for Institution _____

Account Number: _____

As of _____ (date), please start making this automatic deposit into my account at:

Exchange State Bank
3992 Chandler Street
PO Box 68
Carsonville MI 48419
Routing Number: 072405280

Account Number _____

Signature _____ Date _____

Complete and send/deliver this form to each employer or payer with which you have an arrangement for deposits into your account

EXCHANGE State Bank

www.ExchangeStateBank.com

810-657-9333