

# Direct Deposit Form

Complete this form to provide written authorization to your employer or any other company that is automatically depositing funds into your checking account (e.g., payroll, pension, or dividends). **Social Security, other government agencies, and some employers may require a different form.** This one can be used as a guideline. Additional copies are available on request.



## Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Please update my direct deposit bank account information.

I have recently changed banks and would like to have my deposits with your company changed to my new First Community Bank account.

My Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FCB Routing Number:  **Address:** First Community Bank | P.O. Box 989 | Bluefield, VA | 24605

Your NEW First Community Bank Account Number:

## Authorization

I hereby authorize to have my direct deposit switched to my new First Community Bank account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Note:

Attach a VOIDED check from your new First Community Bank checking account when submitting your form.