

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.

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: _____

Routing Number:

Address: First Community Bank | P.O. Box 989 | Bluefield, VA 24605

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.