DIRECT DEPOSIT REQUEST FORM

Company Name	_		
Address	_		
City, State and Zip	_		
RE: Switching my Direct De	eposit to a New Account		
ATTN:			
	iks and would like to update my aking my direct deposit into my		
	garding this request, please con you for your prompt assistance		at the phone
Sincerely,			
Authorized Signature	Date		
Direct Deposit Informa	tion		
Name	Socia	I Security Number or Empl	oyee Number
Address	City/S	City/State Zip	
Phone: Day Evening	(circle one)		
Old Bank Name	Routing Number	Account Number	-
The Farmers State Bank	101107802	<u>-</u>	_
New Bank Name	Routing Number	Account Number	