

# *Farmers State Bank of Hoffman*

## **Direct Deposit/Automatic Payment Enrollment Authorization Form**

Let us help you switch your direct deposits and automatic payments to **FARMERS STATE BANK OF HOFFMAN**! Complete and sign one form for each deposit or payment and mail to the companies you currently authorize to make direct deposits to or automatic payments from your bank account. This form will notify the companies that you to have your direct transaction or automatic payment redirected to **FARMERS STATE BANK OF HOFFMAN**. We can assist you in completing this form, just stop by any of our convenient location.

To: Company Name	From: Customer/Business Name
Company Address	Customer/Business Address
City, State, Zip Code	City, State, Zip Code
Company Account Number for Automatic Payments or ID Number for Direct Deposits	Customer Daytime Phone Number

Please redirect my Direct Deposit/Automatic Payment to **FARMERS STATE BANK OF HOFFMAN**. I hereby authorize \_\_\_\_\_ (Company Name) to initiate credit entries (direct deposits)/debt entries (automatic payments) and, if necessary, adjustments for any error to my account indicated below and authorize **FARMERS STATE BANK OF HOFFMAN** to credit and/or debit the same to such account. I understand that this authorization is to remain in full force and effect until company listed above and **FARMERS STATE BANK OF HOFFMAN** have received notification from me of its termination and have had a reasonable opportunity to act on it.

My new **FARMERS STATE BANK OF HOFFMAN** information is listed below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FARMERS STATE BANK OF HOFFMAN Checking Account Number

\_\_\_\_\_  
FARMERS STATE BANK OF HOFFMAN ABA/Routing Number

**FARMERS STATE BANK**  
*of Hoffman*

*The Bank Where You Are Important!*