

FORM 2

Direct Deposit Request



To: Payroll Department

Employer/ Company Name: _____

From: _____

Social Security #: _____

Subject: Payroll Direct Deposit

Date: _____

- ☐ Establish new authorization for Direct Deposit
- ☐ Change my existing authorization

Deposit Instructions:

- ☐ Deposit entire amount to checking/savings account number: _____ OR
- ☐ Deposit \$_____ to checking/savings account number: _____ AND
the remainder to checking/savings account number: _____ .

Prime Meridian Bank Routing#: 063116481

I authorize:

- ☐ The listed employer/company to change deposits of my funds to my Prime Meridian checking or savings account.
- ☐ Prime Meridian to credit funds to my account(s).
- ☐ This authorization to remain in effect until I provide written notice of change or cancellation.

Signature: _____ Date: _____

Please Attach a Voided Check Here