100 Veterans Memorial Parkway
Wright City, MO 63390
1 (877) 700-3339

Direct Deposit Authorization

Company Information

Company Name: _____

Address: _____

City, State, Zip: _____

Account Information

Name of Financial Institution: **FMB Bank**

Amount $ or %

Routing Number: **081907847**

Account Number: _____

Checking ☐ Savings ☐

Amount $ or %

Routing Number: **081907847**

Account Number: _____

Checking ☐ Savings ☐

Authorization Agreement

I authorize the above named employer to make deposits in the FMB Bank account(s) identified above and authorize the bank to accept such deposits. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. I understand that this authorization replaces any previous authorization and will remain in full force and effect until the company named above has received written notification from me of its termination in time to afford the company and the depository a reasonable opportunity to act.

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to your employer.