

Authorization to Change Direct Deposit

Please notify your employer or anyone else presently making Direct Deposits into your account to update their records beginning February 22. These changes should be effective no earlier than February 22, 2016.

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TO:			
My account information at The F	Palmetto Bank has changed to United Community B	ank.	
ACCOUNT HOLDER:	SOCIAL SECURITY # (IF APPLICABLE):		
Please establish Direct Dep	oosit into my new deposit account effective Fe	ebruary 22, 2016.	
United Community Bank's Finand Routing # 061112843	cial Information: United Community Bank, PO Box 398	3, Blairsville, GA 30514,	
I would like it deposited in the fo	ollowing bank account:	Checking Savings	
SIGNATURE: DAY-TIME PHONE #:			
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