



Payroll Direct Deposit Change Form

Complete this form and attach a voided check from your new account and provide it to your employer's Human Resources or Payroll Department. Please note your employer may require additional information or specific forms in order to complete the change.

Company Name

Company Address

City State Zip Code

Please change the account used for Direct Deposit of my net pay to my new bank account:

First Name Middle Last Name

Street Address Apt. #

City State Zip Code

Social Security Number Employer ID # Phone #

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number: 042108517

I hereby authorize my employer, _____ (company name) to deposit my paychecks directly to my Bank of Lexington account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature: _____ Date: _____