

Direct Deposit Checklist

Use this chart to help keep a record of all of your direct deposits. From there you can either fill out the Direct Deposit forms below, or our Financial Specialists can help you.

Name of Company	Amount Paid	Date of the month to be paid

Please note that Social Security direct deposits require a different form that is available at our branches.

Authorization to change **Direct Deposit**



To: _____
(Name of company making deposit)

I will be closing my bank account at _____
(Name of previous financial institution)

Account Holder _____ Social Security Number _____

Please establish Direct Deposit into my new account effective as of _____.

New Bank Information: **First Federal Bank of Florida, PO Box 2029, Lake City, FL 32056**

Routing # 263184488 New Bank Account Number _____ Account Type: Checking Savings

I have enclosed a voided check to verify the account number. Please call me with any questions.

Signature _____ Date _____ Daytime Phone # _____

Member FDIC

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