



DIRECT DEPOSIT AUTHORIZATION

Please let this Direct Deposit Authorization form serve as notification of a change in my direct deposit information. Effective immediately, please make further Direct Deposits to First American Bank & Trust Company.

- Type of Direct Deposit:**
- Payroll
 - Government
 - Retirement
 - Investment Income
 - Court Ordered Deposits
 - Other: _____

Company Information

| | | |
|---------------------------|-------|--------------|
| Name of Company/Depositor | | Phone Number |
| Address | | |
| City | State | Zip Code |

Recipient Information

| | | |
|---------------------------|-------|--------------|
| Name of Company/Depositor | | Phone Number |
| Address | | |
| City | State | Zip Code |

Bank Information

Bank Name: First American Bank & Trust Company

Bank Phone Number: (706) 354-5000

Routing Number: 061111255

Account Number: _____

Authorization

| | |
|-----------------------------|------|
| Signature of Account Holder | Date |
| Signature of Account Holder | Date |

Please acknowledge receipt of this change request by contacting me via e-mail or phone. Please let me know if there is any additional information that I must provide in order to complete the change request.