

## **Direct Deposit Enrollment**

Change Request

New Request

Please make this change effective on:	
	any other non-governmental organization that regularly he proceeds deposited into the Liberty National Bank
Name	Address
Social Security Number	City, State, Zip
hereinafter called "Originator" to initiate	n)
Primary Account	
Liberty National Bank	Checking Savings
Depository Name (Bank) 073922869	
Routing Number	Account Number
	Net Pay \$(fixed amount)
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Optional Secondary Account	(
Optional Secondary Account	
Liberty National Bank Depository Name (Bank)	, . <u> </u>
Depository Name (Bank) 073922869	Checking
Liberty National Bank Depository Name (Bank)	, . <u> </u>

This authority is to remain in full force and effect until Originator has received written notification from me of its termination in such time and in such manner as to give Originator and Depository a reasonable opportunity to act on it.