



Direct Deposit Enrollment

New Request

Change Request

Please make this change effective on: _____

Use this form to notify your employer (or any other non-governmental organization that regularly sends a paycheck to you) that you want the proceeds deposited into the Liberty National Bank account specified below.

Name

Address

Social Security Number

City, State, Zip

I hereby authorize (company/organization) _____
hereinafter called "Originator" to initiate credit entries to my account(s) indicated below and the depository institution named below, hereinafter called "Depository" to credit the same account.

Primary Account

Liberty National Bank

Checking Savings

Depository Name (Bank)

073922869

Routing Number

Account Number

Net Pay \$_____ (fixed amount)

Optional Secondary Account

Liberty National Bank

Checking Savings

Depository Name (Bank)

073922869

Routing Number

Account Number

Net Pay \$_____ (fixed amount)

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.

Signature

Date