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Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your First Federal Community Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change				
Company or Employer:				
Address:				
City, State, Zip:				
Phone Number:				
Employee ID: (if applicable)				
Effective immediately, p	lease deposit the net a	mount of my check t	to my First Federal	
Community Bank accour	nt. I authorize (name of	f depositor)		
to automatically deposit	funds into the account	below. This authorize	zation shall remain in	
place until I have submi	tted a new authorizatio	n, or until this autho	rization is changed or	
revoked by me in writing				
Place an X next to your de	esired option.			
Net amount	to First Federal Comm	unity Bank CHECKI	NG	
Account #		Routing #	241270916	
Net amount	to First Federal Comm	unity Bank SAVING	S	
Account #		•	241270916	
Signature:			Date:	
Name:				
Address:				
City, State, Zip:				
Phone Number:				

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

Pay	/ro	١

Investment	

____ Retirement Plans

____ Social Security



