Automatic Deposit Notice

To: Name of Company / Organization	on			
Payroll Administration / Other Inco	ome Source			
Street Address				
City, State, Zip Code				
RE: Request for Automatic Depo	sit			
This letter is to inform you I have of I would like to establish direct depothis account to facilitate this reque	osit to this account. Attache	d you will fii	nd a voided check from	
If you have any questions regarding by telephone at	g this request, please do not	hesitate to o	contact me in writing or	
Sincerely,				
Authorized Signature (Original Signature	e on Account Required To Authorize Cl	hange)	Date	
Street Address				
City		State	Zip Code	
Account Information				
Name of Company Originating Deposit		Account Number (if applicable)		
Credit Amount		Credit Da	Credit Date (if applicable)	
As soon as possible, I would like	e automatic deposit of my	income to r	ny new bank account.	
First Bank of Highland Park	071922609			
Bank Name	Bank Routing Number	Account	Number	
Checking or Savings				
Type of Account (circle one)				
If you have any questions, please con-	tact		(banker) at	
FBHP Office:				
Office Phone Number: () _				

ATTACH VOIDED CHECK HERI