



Direct Deposit Request

To: _____

From: _____

Address: _____

SSN: _____

(NOTE: For Social Security Direct Deposit, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit/.)

☐ Please send an automatic direct deposit to:

Bank of St. Elizabeth
P.O. Box 8
215 Main Street
St. Elizabeth, MO 65075

Bank Routing & Transit Number: 081514450

☐ Please discontinue sending my automatic direct deposit to:

(Previous Financial Institution):

Account Number:

Please begin sending the same deposit to Bank of St. Elizabeth.

Deposit \$ _____ OR entire amount to Checking Account #: _____

Deposit \$ _____ OR entire amount to Savings Account #: _____

I authorize:

- i. above listed entity to initiate deposit of my funds to my Bank of St. Elizabeth account(s).
ii. Bank of St. Elizabeth to credit entries to my account(s).
iii. this authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

