

CHANGE DIRECT DEPOSIT

		//	
		Effective Date	
epositor's Name			
epositor s traine			
Address			
City	State	Zip	
To whom it may concern:			
You are currently depositing my Paycheck	Social Security Other (ch	neck one) to the following account	
Financial Institution Name			
Routing Number	Account Number		
Please stop making payments to that account an	d instead make them to:		
F&M Bank & Trust			
Financial Institution Name			
073900580			
Routing Number	Account Number	Account Number	
If you have any questions about this request, ple	ase contact me at:		
Thank you. Sincerely,			
Signature	Name (please p	Name (please print)	
Address	City, State, Zip	City, State, Zip	
Social Security Number (If applicable)	Other informati	Other information Your Depositor May Need	

Make as many copies as needed.

