

DIRECT DEPOSIT AUTHORIZATION FORM

NOTE: Check with your direct depositor to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check (if applicable) from your new account to this form and provide it to your direct depositor.

COMPANY NAME

COMPANY ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT NUMBER

I have recently changed banks and would like to have my transactions with your company changed to my new account. Please discontinue transactions from my old account and begin using my new Viking Bank account immediately.

LAST NAME

FIRST NAME

MIDDLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

MY NEW ACCOUNT INFORMATION:

ACCOUNT TYPE: CHECKING SAVINGS

ACCOUNT NUMBER: _____ ROUTING NUMBER/ABA # 291971430

I hereby authorize _____ (company name) to make deposits to my Viking Bank Account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

SIGNATURE

DATE

