



Direct Deposit Form

To Whom It May Concern:

Date: _____ Company Name: _____

Address: _____

City, State, Zip: _____

I hereby authorize the company to change my direct deposit effective ____/____/____.

New Bank: Welch State Bank

Routing/Transit #: 103104942

Account Number: _____

Account Type: Checking Savings

Welch State Bank Mailing Address: P.O Box 129, Welch, OK 74369

Welch State Bank Address: 396 S Commercial Street, Welch, OK 74369

Bank Representative: _____ **Date:** _____

Account Holder Signature: _____ **Date:** _____

Full Name (Print): _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____