

Direct Deposit Authorization

Organization Name: _____

Organization Address: _____

Account # With Your Organization: _____

To Whom It May Concern:

I have recently changed my account to a new bank and would like that my direct deposit be switched to my new account at FIRST FEDERAL BANK OF WISCONSIN. My information is as follows:

Name(s) on Account: _____

Address: _____

Phone: _____

FIRST FEDERAL BANK OF WISCONSIN

1617 E. Racine Avenue
Waukesha, WI 53186
262.542.4448 (p)

First Federal Bank Account Number: _____

First Federal Bank ABA Routing Number: 275971692

Checking **Savings** **Other** _____

Effective Date: _____

Attached is a VOIDED check from my new First Federal Bank account.

This agreement shall remain in effect unless your organization has received written notice of cancellation from me or First Federal Bank of Wisconsin.

Signature _____ Date _____

Signature _____ Date _____

