



## DIRECT DEPOSIT REQUEST

Thank you for choosing Legends Bank! Use this form to begin having your payments deposited directly into your account. Please attach a voided check from your Legends Bank account.

Send this completed form to your employee's human resources department (for paychecks) or to the accounting department who generates your payment (for other types of regular payments). You will need a separate form for each of your vendors (such as your employer) who you would like to start making direct deposits into your checking or savings accounts. For assistance, please contact a Legends Bank customer service representative.

To: Company Name \_\_\_\_\_

Human Resources/accounting

Company Address \_\_\_\_\_

Company City \_\_\_\_\_

Company State, Zip \_\_\_\_\_

From: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please begin sending the same deposit to Legends Bank.

Legends Bank's routing information is:

Legends Bank

PO Box 1066

Clarksville, TN 37041

Transit /aba# 064108443

### **Deposit Instructions:**

Deposit entire amount to checking account number: \_\_\_\_\_ or deposit \$ \_\_\_\_\_  
to savings account number: \_\_\_\_\_ and the remainder to checking account number: \_\_\_\_\_

### **Authorization:**

I authorize the listed entity to change the future deposit of my funds to my Legends Bank checking and/or savings account. Legends Bank is authorized to credit entries to my account(s). This authorization is to remain in effect until I send written notice of change or cancellation.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

original signature required to authorize change