

DIRECT DEPOSIT REQUEST
MEADE COUNTY BANK

Complete this form and give to your payroll department or the originator of your direct deposit. Please stop by or call a Meade County Bank office if you have any questions about completing this form. Please note: If direct deposit is from Social Security Administration or any other Government Agency please complete **Standard Form 1199A** attached and return it to any Meade County Bank office.

To: _____
Employer/Company Name

From: _____
Name

Address

SSN _____ Employee No. (if applicable) _____

Purpose: ___ Establish Direct Deposit ___ Change my existing Direct
Deposit

Account Type: ___ Checking

 ___ Savings (all account numbers must contain 7 digits – please add 0’s **in front** of the account
number if needed)

This letter serves as authorization to establish/change my direct deposit to my Meade County Bank account. I understand this authorization will remain in full force and effect until all parties have received written notification from me of its termination in such time as to afford reasonable time to act.

The information for my direct deposit is as follows:

Bank Name: **Meade County Bank**

Routing Number: **083901333**

Account Number: **0 4** _____ **or 0 5** _____

accounts only (For Muldraugh

Signature Date

***** Please attach a VOIDED check to this form

Helpful phone numbers and websites:

Social Security Administration	www.ssa.gov	1-800-772-1213
Office of Personnel Management	www.opm.gov	1-888-767-6738
Department of Veterans Affairs	www.va.gov	1-800-827-1000