



Direct Deposit Enrollment Form

Use this form to set up direct deposit into your Bank Five Nine deposit account. Additional direct deposit notices are available from your banker or by calling (888) 569-9909.

To: Payroll Administration/Other Income Source

From:

Account Holder Name

Date:

This notice is to inform you that I have opened a new direct deposit account with Bank Five Nine. I would like to establish direct deposit to this account. Additional necessary information is included below.

Branch Name:

Address, City, State, Zip:

Routing Number: 075902421

Account Number:

Check One Checking Account

Savings Account

X _____
Signature

Date:

Print Name:

Address:

City:

State:

Zip:

If you have any questions, please contact _____ at our _____ branch.

Branch Phone Number:

Branch Fax Number: