



[www.magnoliabank.com](http://www.magnoliabank.com)

## Direct Deposit/Payment Authorization Form

Complete the information below and mail each form, along with a voided check, to any employer or vendor authorized to make automatic deposits/payments to your checking account.

I, \_\_\_\_\_, hereby authorize my direct deposit to be  
(Your Name)  
changed from my current checking account #: \_\_\_\_\_ at  
(financial institution) \_\_\_\_\_ to my new **Magnolia Bank**  
account listed below:

Name of Depositor on Account: \_\_\_\_\_  
Primary Account #: \_\_\_\_\_  
ABA Routing #: 083906888  
Effective Date: \_\_\_\_\_

Checking Account #: \_\_\_\_\_  
Amount/Percent to be deposited: \_\_\_\_\_

Savings Account #: \_\_\_\_\_  
Amount/Percent to be deposited: \_\_\_\_\_

**Magnolia Bank Address:** 794 Old Elizabethtown Rd., PO Box 188, Hodgenville, KY 42748

If you have any questions, please feel free to contact me at (\_\_\_\_) \_\_\_\_\_.

Thank you for your attention to this matter.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\*\*Note: Attach a voided check.