



Direct Deposit Request

To:

Company Name _____ Attn: _____

Company Address _____ City, State, Zip _____

From _____ SSN _____

Home Address _____ City, State, Zip _____

Work Phone _____ Home Phone _____

I authorize you to change my direct deposit to my new Legends Bank account effective beginning after today's date of _____.

(Note: For Social Security Direct Deposit, you can call the Social Security Administration Direct Deposit Department at 1-800-772-1213 or sign up online at www.ssa.gov/deposit/.)

Previous Financial Institution: _____

Previous Account Number: _____

Please begin sending the same deposit to:

Legends Bank
PO Box 888
Linn, MO 65051

Routing & Transit Number: 081514010

Account Number: _____

Authorized Signature _____ Date _____