

Direct Deposit Transfer Form

To:

Name

Company Name

Company Address

City, State, Zip Code

I would like to:
using the information below.

Establish Direct Deposit

Change my existing Direct Deposit

Employee ID Number

Social Security Number

Checking Account 1

Account Number

071025661

BMO Routing Number

Amount (in dollars or percentage of deposit)

Checking Account 2 (optional)

Account Number

Amount (in dollars or percentage of deposit)

I hereby authorize _____ (employer/3rd party) to make these deposits directly to my BMO account(s) shown above and authorize BMO to accept these deposits.

Sincerely,

Customer Signature

Date

Customer Name (printed)

Customer Phone Number

Customer Address

Customer Email Address

City, State, Zip Code

