



Quick Account Switch Kit
Direct Deposit Notice
 Provided by Jackson County Bank

Subject: Payroll Direct Deposit

Date: _____

Attn: Payroll Administration/Other Income Source To: _____ Address: _____ _____ From: _____ <i>Employee Name</i>
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This form may be used to set up a Direct Deposit into your Jackson County Bank deposit account.

This notice is to inform you that I have opened a new deposit account with Jackson County Bank. I would like to establish Direct Deposit to this account. Attached you will find a voided check from my account to facilitate this.

Additional necessary information is included below:

Financial Institution Information:

Jackson County Bank
 P.O. Box 490
 8 Main Street
 Black River Falls, WI 54615

My Jackson County Bank account number: _____.

This is a (check one) _____Checking Account _____Savings Account
 Jackson County Bank - ABA Routing Number **075902968**

X _____
Signature *Date*

Print Name *Social Security Number*

Address/City/State/Zip

ATTACH VOIDED CHECK HERE



JACKSON COUNTY BANK
MEMBER FDIC