



Direct Deposit Form

Date: _____

Employer/Depositor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

To Whom it May Concern,

Please accept this letter as my authorization for direct deposit to my account as described below.

TrailWest Bank
PO Box 9
Lolo, MT

Checking Account Account #: _____

Savings Account Account #: _____

Routing #: 092901560

If you have any questions regarding this request, please contact me by phone at (_____) _____ - _____. Thank you.

Sincerely,

X _____

Printed Name: _____