

DIRECT DEPOSIT WORKSHEET

Complete a copy of this form to redirect any direct deposits. Send each form, along with a voided check from your First Port City Bank Account, to your employer.

TO WHOM IT MAY CONCERN, PLEASE REDIRECT MY DIRECT DEPOSIT:

EFFECTIVE: Immediately / Beginning On: _____

Business/Organization: _____

Name: _____ Last 4 Digits of SSN#: _____

Address: _____

City: _____ State: _____ Zip: _____

Please change my **Direct Deposit** to my **New Account**:

First Port City Bank Account Number: _____

First Port City Bank Routing Number: **061202452** SAVINGS CHECKING

Signature: _____ Print Name: _____

Date: _____

HELPFUL HINT: Note that some companies or organizations, like the Social Security Administration may require a special form. Direct deposits should take effect within two to three deposit periods. Keep your former account open until all direct deposits have been switched to your new First Port City Bank account.

MAIN BRANCH
400 WEST SHOTWELL STREET

SOUTHSIDE BRANCH
1410 TALLAHASSEE HWY

DONALSONVILLE BRANCH
208 EAST 3RD STREET

EASTSIDE BRANCH
1705 EAST SHOTWELL STREET

ISLAND BRANCH
1890 SOUTH 14TH STREET
BUILDING 200

YULEE BRANCH
463781 SR 200



**FIRST PORT
CITY BANK**

Putting People First

Need Help? Contact Us:
229-246-6200 - Georgia
904-557-9355 - Florida

FORM-DDW
REV. 122424

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FDIC EQUAL HOUSING
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