

Direct Deposit Enrollment Form

Complete the form below and submit to your employer/payer.
If your employer/payer prefers to use their own direct deposit enrollment form, you may use this as a reference.

Name

Address

City

State

ZIP

Email Address

Deposit Account Types

Checking Account

Deposit Amount:

*Indicate percentage
or dollar amount*

Account #:

Routing #: 113024588

Financial Institution: First Carolina Bank

Savings Account

Deposit Amount:

*Indicate percentage
or dollar amount*

Account #:

Routing #: 113024588

Financial Institution: First Carolina Bank

Authorization

I authorize _____ (employer/payer), and
First Carolina Bank to automatically deposit my payroll check into my account(s) listed above. This includes my
authorization to correct any entries made in error.

This authority will remain in effect until this employer/payer has received written notification from me of its
termination in such time as to afford employer and First Carolina Bank a reasonable opportunity to act on it.

Signature Please download form to e-sign

Date

BankMobile

Powered by BM Technologies, Inc. BankMobile banking products and
banking services are provided by First Carolina Bank, Member FDIC.