

DIRECT DEPOSIT FORM

Company

Customer Information:

Full Name

Address

City

State

ZIP

Phone

104910795

Checking

Bank routing number

Your account number

Savings

Authorized signature

(Your original signature is required to authorize the transfer with your existing financial institution.)

I hereby authorize you to credit any pending or future deposits to my account with Union Bank & Trust.
Please change the name of the Depository Financial Institution:

Union Bank & Trust Company
3643 S. 48th St.
Lincoln, NE 68506

UBT
Union Bank & Trust
You belong here.SM