

Make the switch to First Commonwealth Bank!

Form #2 - Change Direct Deposits

To assist you in making arrangements for your Direct Deposit, please complete the below form and give to your pay provider.

Please deposit my check(s) as indicated below directly into:

First Commonwealth Bank

P.O. Box 400
Indiana, PA 15701

Bank Phone Number: (____) _____

Checking 0 4 3 3 0 6 8 2 6
 Savings Routing and Transit Number

Type of Check:

- | | |
|---|--|
| <input type="checkbox"/> Employer Payroll | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> V.A. Comp. or Pension |
| <input type="checkbox"/> Civil Service Retirement | <input type="checkbox"/> Railroad Retirement |
| <input type="checkbox"/> Other _____ | |

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Account Number

Name: _____

Phone #: (____) _____

Signature: _____

Date: _____

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Account Number

Name: _____

Phone #: (____) _____

Signature: _____

Date: _____