

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Please deposit my check(s) directly into my new account as indicated below.



DIRECT DEPOSIT ACCOUNT INFORMATION

Company Name

Company Address, City, State, Zip



TYPE OF DEPOSIT

☐ Employee Payroll

☐ Social Security

☐ V.A. Compensation or Pension

☐ Supplemental Security Income

☐ Civil Service Retirement

☐ Pension

☐ Other _____



CUSTOMER INFORMATION

Name

Phone Number

Day
Evening

Address, City, State, Zip

Employee or Social Security Number



PREVIOUS ACCOUNT INFORMATION

☐ Checking Account

☐ Savings Account

Previous Financial Institution Name

Routing #

Previous Account #



NEW ACCOUNT INFORMATION

☐ Checking Account

☐ Savings Account

New Financial Institution Name

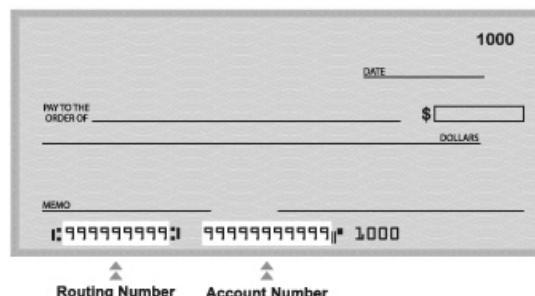
Routing #

New Account #

Effective Date

- Routing and Account numbers can be found along the bottom edge of your check.

- Please attach a voided check from your new account to this form.



Customer Signature

Date