
Direct Deposit / Automatic Payment Authorization Form

To: _____
Company / Organization Name

Company Address

City State Zip

Subject Account Number

From: _____
Your Name

Your Address

City State Zip

To Whom It May Concern:

Please redirect my direct deposit / automatic payment for the above account number to my new bank account as instructed below.

Citizens State Bank Routing #: 103106377 Account Number: _____

Account Type: _____ Checking _____ Savings

Please redirect my: _____ Direct Deposit _____ Automatic Payment

Effective: _____ Immediately _____ Beginning ___ / ___ / ___

Deposit instructions: _____ Deposit the entire amount to account number _____
_____ Deposit \$ _____ to account number _____ and
the remainder to account number _____

If you have any questions about this request, please contact me at the following number:
_____.

Signature

Date

(Attach voided check from new account)