

DIRECT DEPOSIT CHANGE AUTHORIZATION

Company _____

Address _____

City _____ State ____ Zip _____

Attn: Human Resources/Accounts Payable

I have recently changed financial institutions and would like to have my direct deposit changed to my new account with First State Bank.

I authorize you and First State Bank to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account below. This authority will remain in effect until I have cancelled it in writing.

First State Bank Account# _____

checking account savings account

First State Bank Routing/ABA# 075907497

If you have any questions regarding this request, please contact me at the phone number listed below. Thank you for your prompt assistance in this matter.

Name _____ Social Security# _____

Address _____ City/State/Zip _____

Phone _____

Signature _____ Date ____/____/____



(Main Office)
113 W. North Water Street
PO Box 268
New London, WI 54961
1-800-994-2500

Member FDIC