

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_



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Member FDIC