Bank Iowa®
Your Success. Our Priority.

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Complete a separate form for each automatic deposit.

Name of company initiating direct deposit:

_____

Address of company:

_____

My Name: _____

My Address: _____

My SSN: _____

I plan to close my checking account at:

_____

Account # _____

Effective immediately, I authorize direct deposit to my new checking account at:

Bank Iowa
P.O. Box 535
Altoona, IA 50009
Phone: 515.967.7283 Fax: 515.967.7270
www.bankiowabanks.com

My new checking account # is: _____

The new routing/ABA # is _____

I have attached a voided check to verify the new account information. I understand it may take the company making the direct deposit up to 30 days to process this request.

Signature: _____

Phone number: _____

Date: _____