

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 Denison 1108 Broadway Denison, Iowa 51442 Phone: 712.263.9361 Fax: 712.263.6807 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: