

## Account Change Forms

Banking with Eitzen State Bank is as simple as 1, 2, 3 with these convenient forms:



**Eitzen State Bank**

*A Real Community Bank*

Member FDIC

**We are pleased that you are switching to Eitzen State Bank  
Simply follow these three steps**

1. Close your current checking account. Fill out the following form for Checking Account Closure and take it to your bank. It gives your bank the date to close your account and where to send your remaining balance.
2. Set up your direct deposits. Fill out the form for Direct Deposits Change and give it to your employer. It's the most convenient way to have quick access to your payroll checks. It gives your employer all the information they will need to route your checks and the effective date. Some employers may have you fill out additional forms of their own.
3. Set up automatic payments. Fill out the form for Automatic Payment Change and forward it to each company that automatically drafts your checking account, or to those that you want to set up to do this. It gives each company your new information to change their records and what day to start drafting your Eitzen State Bank Account.

### Form – Checking Account Closure

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Current Financial Institution \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number to Close: \_\_\_\_\_ New Account Number: \_\_\_\_\_  
New Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_  
I hereby authorize the closing of my account effective (date): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Signature: \_\_\_\_\_

SEND THIS FORM TO YOUR CURRENT FINANCIAL INSTITUTION

### Form- Direct Deposit Change

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Employer Company Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Previous Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Previous Account Number Closing: \_\_\_\_\_ New Account Number: \_\_\_\_\_  
New Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Routing Number for New Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_  
I hereby authorize direct deposits to my account effective (date): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Signature: \_\_\_\_\_

SEND THIS FORM TO YOUR PRESENT EMPLOYER

### Form – Automatic Payment Change

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Previous Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Previous Account Number: \_\_\_\_\_ New Account Number: \_\_\_\_\_  
New Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Routing Number for New Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_  
I hereby authorize automatic payment to my account effective (date): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Signature: \_\_\_\_\_

SEND TO EACH COMPANY THAT RECEIVES ELECTRONIC PAYMENTS