

# Authorization to Change Direct Deposit

DATE: \_\_\_\_\_

On \_\_\_\_\_ I closed my checking account at \_\_\_\_\_ Old Acct. # \_\_\_\_\_  
(Date) (Name of Financial Institution)

Account Holder \_\_\_\_\_ Social Security # \_\_\_\_\_

Please establish Direct Deposit into my new checking account effective as of \_\_\_\_\_ (date)

New Financial Institution \_\_\_\_\_ Security State Bank \_\_\_\_\_ New Acct. # \_\_\_\_\_

Phone Number: (218) 263-8855 Address: P.O. Box 279, Hibbing, MN 55746 Routing #: 091200592

Bank Representative \_\_\_\_\_

I have enclosed a deposit slip to verify the account number.

**X** Signature \_\_\_\_\_ Day Time Phone Number: \_\_\_\_\_

Complete this form for every Depositor (employer, Social Security, etc.) with whom you have arrangement for Direct Deposit. Call for additional forms.