

DIRECT DEPOSIT



Authorization to Change Direct Deposit

Today's Date _____

I am in the process of closing my Checking Savings account at:

_____ Old Account # _____
Name of Financial Institution Where Account is Closing (Please Print)

Name of Account Holder(s) _____

Social Security #(s) _____

Begin Direct Deposit into my new Checking Savings account, effective as of _____
Date

New Financial Institution: **Financial Security Bank** **Routing Number: 091905402**

Address: (check one) 1011 Atlantic Avenue, P.O. Box 258, Kerkhoven, MN 56252 • 320.264.2161
 5600 LaCentre Avenue, Suite 100, Albertville, MN 55301 • 763.424.5888

New Financial Security Bank account # _____

★★★★ I have enclosed a voided check to verify the account number. ★★★★★

Signature(s) _____

Phone _____

Complete this form for each depositor (employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit. Contact Financial Security Bank for additional forms.

8/07



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