DIRECT DEPOSIT CHANGE REQUEST FORM – *Form 1*

☐ Change Request ☐ New Request

COMPANY INFORMATION

Name _____ Date _____

Address _____

City, State, Zip Code _____ Phone _____

INDIVIDUAL INFORMATION

Name _____ Date _____

Address _____

City, State, Zip Code _____ Phone _____

I, _____ have closed account number _____ at _____, and hereby authorize the transfer of my direct deposit to my new bank, GenoaBank, and submit this letter as written notification.

DEPOSIT INSTRUCTIONS

Financial Institution: GenoaBank | Routing Number: 041209624 *(GenoaBank)*

☐ Deposit the entire amount into my account number _____

☐ Deposit $_____ into account number _____ and the remainder into account number _____.

I, _____ authorize:

- The above-listed entity to initiate the deposit of my funds to my GenoaBank account(s)
- GenoaBank to credit entries to my account
- This notice is to remain in effect until I send written notice of change or cancellation

Signature *Printed Name* *Date*

**Attach a voided check to this form*

Member FDIC