

Direct Deposit Change Notice

Name _____ Date _____

Social Security Number or Identification Number _____

Name of Company or Agent _____

Street _____

City _____ State _____ Zip _____

Account Number _____

Previous Financial Institution

Name of Institution _____

Account Number _____

Street _____

City _____ State _____ Zip _____

New Financial Institution



State Bank of Lizton
P.O. Box 170
Lizton, IN 46149

Routing Number: 074908138

I hereby authorize my direct deposit to be sent to my
NEW checking account effective ____/____/____.
I have attached a voided check for reference.

Name of Institution _____

Checking Account Number _____

Sign _____ Date _____

Member FDIC

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