Direct Deposit Change Notice Name Date Social Security Number or Identification Number Name of Company or Agent Street Zip City State Account Number **Previous Financial Institution** Name of Institution Account Number Street City State Zip **New Financial Institution** State Bank of Lizton STATE BANK 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**

Direct Deposit Change Notice		
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Social Security Number or Ide	entification Numb	er
Name of Company or Agent		
Street		
City	State	Zip
Account Number		
Previous Fin	ancial Ins	stitution
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City	State	Zip
New Financial Institution		
STATE BA	ANK P.O	te Bank of Lizton 1. Box 170 on, IN 46149
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