Application for Federal Government Direct Deposit Change or New

Complete a separate form for each direct deposit. You can photocopy this form or print additional copies from $\underline{www.hillsbank.com}$.

To:			
	(Name of I	Direct Depositor)	
From:			(0.110.110.110.110.110.110.110.110.110.1
	(Name)		(Social Security Number)
	(Address)		(City, State, Zip)
Name of Payee/B	eneficiary:	· · · · · · · · · · · · · · · · · · ·	
Payee/Beneficiary	Social Security Num	ber:	
Type of Benefit:	☐Social Security ☐VA Benefit	☐SSI Incom	e Railroad Retirement
— Hills Hills	nmediately, please ch Bank and Trust Com , Iowa 52235 √Transit #: 07391375	pany	deposit to:
This is a ne	ew application		
Deposit \$	amount to	to account num	uber)*
account(s) and Hi		ies to my accou	my funds to my Hills Bank [®] unt(s). This authorization le or cancellation.
Signature:			Date:
Daytime Phone N	umber:		

*Include a voided check or deposit ticket.