

AUTHORIZATION TO SWITCH DIRECT DEPOSIT

____/____/____
Effective Date

Employer's/Depositor's Name (Social Security benefits can be changed by calling 800-772-1213)

Address

City

State

Zip Code

To whom it may concern:

You are currently depositing my **PAYCHECK/** **SOCIAL SECURITY/** **OTHER (CHECK ONE)**

To the following account:

Financial Institution Name

Routing Number

Account Number

Checking

Savings

Please stop making deposits to that account and instead make them to:

Heartland Bank

Financial Institution Name

073915889

Routing Number

Account Number

Checking

Savings

If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.

Signature

Name (please print)

Address

City, State, Zip Code

Social Security Number (if applicable)

Other Information Your Employer/Depositor May Need
(Ex: Employee ID Number, etc.)



Member
FDIC

(Make as many copies as needed)