Direct Deposit Change Request – Non Government

Please submit to any company/employer that automatically deposits money into your bank account.

Date: _____

To: _____
Name of Company/Organization

Address: _____

_____

To Whom It May Concern;

I am closing my bank account from which you are authorized to make direct deposits. Please credit my new bank account for future deposits as instructed below:

New Bank Account Information/Authorization

Account Type: ❒ Checking ❒ Savings

Effective: ❒ Immediately ❒ Beginning _____/_____/_____

New Account #: _____ Routing #: 125108984

Accountholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please contact me if you have any questions regarding this request.

Thank you,

_____ _____
Signature Date

_____
Print Name