



AUTHORIZATION TO RE-DIRECT MY AUTOMATIC DEPOSIT *(Please Print)*

On _____, 20____, I (we) closed my Checking/Savings Account # _____

at (name of former financial institution) _____

Former Institution's Address: _____

Telephone Number: _____

Account Holder Name: _____

Social Security Number: _____

Joint Account Holder Name: _____

Social Security Number: _____

I hereby authorize you to begin Automatic Deposit to: _____

Checking Account #: _____

Savings Account #: _____

(PLEASE CONTINUE ON REVERSE)

State Bank of Lizton's routing number is: **074908138**

State Bank of Lizton's address is: **206 North State St., P.O. Box 170, Lizton, Indiana 46149**

Signature(s): _____

Please complete this for each company, organization or entity with whom you have arranged for Direct Deposit. Additional forms may be obtained from State Bank of Lizton.

switch kit
FORM III

PAYROLL

Bank Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

 PENSION

Bank Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

 ANNUITY

Bank Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

 INTEREST PAYMENT

Bank Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

 OTHER

Bank Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____