

Authorization to Change Direct Deposit

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention Direct Deposit Department:

You are currently depositing either a full or partial amount of my payroll or other check into my Checking/Savings (circle) account # _____

at my current financial institution (name) _____

with the routing number _____ . Please continue these

automatic deposits into my new account # _____ with

First State Bank Central Texas, routing #111910005.

Please call if you need additional information or have any questions.

Name (Please Print)

Social Security # or Employee ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone

Work Phone

Signature

Date



First State Bank
Central Texas



Notice of Automatic Withdrawal Change

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

To Whom It May Concern:

I have recently changed my primary financial institution to First State Bank Central Texas.

You are currently withdrawing \$ _____

from my Checking/Savings (circle) account # _____ from my

current financial institution (name) _____

with the routing number _____. The payment is for billing

account # _____ and is withdrawn on the following date.

(date) _____. Please begin immediately withdrawing it

from my account at First State Bank Central Texas, routing #111910005.

My new account is Checking/Savings (circle) account # _____

Please call if you need additional information or have any questions.

Name (Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone

Work Phone

Signature

Date



First State Bank
Central Texas



Automatic Withdrawal Tracking Sheet

Company Name	Amount of Payment:	Next Scheduled Payment Date:	Date of Change Request:	First Payment to FSB Account:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Sample

1. XYZ Mortgage	\$1100	July 5th	July 1st	August 5th
2. ABC Auto Loan	\$400	July 15th	July 2nd	August 15th
3. Joes Gym	\$35	July 6th	July 1st	August 6th

Date All Automatic Withdrawals have changed: _____

Date Account Closing Form was sent: _____



First State Bank
Central Texas



Authorization to Close Account

Current Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

With my authorization below, please close my account # _____ and send a check for the remaining balance to my attention to the address below. If anything additional is needed, please contact me at the phone number below.

Thank you for your assistance with this matter.

Signature

Date

Joint Signature

Date

Name (Please Print)

Joint Name (Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____