

Direct Deposit Change Request Form

Please complete a separate form for each direct deposit.
Include a voided check or deposit ticket to verify new account information.

To: _____
(Name of Direct Depositor)

From: _____
(Name) _____ (Social Security Number)

I am closing my account at: _____ Account #: _____

Effective immediately, please change my direct deposit to: **First American Bank**

(First American Bank Address) (City) (State, Zip Code) (ABA/Transit #)

Deposit entire amount to account #: _____ Checking Savings

Deposit \$ _____ To account #: _____ and the remainder to
account #: _____

I authorize the above listed entity to initiate deposit of my funds into my First American Bank account(s) and First American Bank to credit entries to my account(s). This authorization will remain in effect until I send written notice of change or cancellation.

I understand it may take the company making the direct deposit up to 30 days to process this request.

Signature: _____ Daytime Phone: _____

Date: _____



FIRST AMERICAN BANK