

Authorization to Change Direct Deposit

Please deposit my check(s) directly into my Illinois State Bank account as indicated below.

Direct deposit account information

Company name

Company address, city, state, zip

Type of deposit

- | | |
|---|---|
| <input type="checkbox"/> Employer Payroll | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Civil Service Retirement |
| <input type="checkbox"/> V.A. Compensation or Pension | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Other _____ | |

Customer information

Name Phone number day/ evening (circle one)

Address City, state, zip

Employee or Social Security Number

Previous bank account information

Previous bank name Routing# Previous bank account #

- Checking account Savings account

New bank account information

275071356

Illinois State Bank account # Routing number

- Checking account Savings account

Customer signature Date

Please attach a voided check here.