

Direct Deposit Change Request

To _____

Name _____ SSN _____

Mailing Address _____

City _____ State _____ ZIP _____

RE: Change of Direct Deposit Routing

Please discontinue sending my automatic direct deposit to checking account # _____

and/or savings account # _____ held at _____

(financial institution)

Please begin sending the same deposit to:

Clay County State Bank

111 North Church Street

P. O. Box 248

Louisville, IL 62858

Transit/ABA #081209985

Phone 1.618.665.3314 - Fax 1.618.665.3619

Deposit instructions:

Deposit entire amount to checking account # _____

Deposit entire amount to savings account # _____

Deposit \$ _____ checking account # _____

Deposit \$ _____ savings account # _____

I authorize the following:

- X Above listed entity to initiate deposit of my funds to my Clay County State Bank checking or savings account
- X Clay County State Bank to credit and/or debit entries to my account(s)
- X This authorization to remain in effect until I send a written notice of change or cancellation.

Signature: _____ Date _____