

## **DIRECT DEPOSIT CHANGE FORM**

Complete this form and provide it to your employer's Human Resources or Payroll department.

I \_\_\_\_\_ have closed my checking account with \_\_\_\_\_  
(Your Name) (Current Bank)  
Effective \_\_\_\_\_.

I hereby authorize my direct deposit to be changed from my current checking account # \_\_\_\_\_ at \_\_\_\_\_ to my new Dupont State Bank account as listed below:

Checking Account # \_\_\_\_\_  
ABA Routing # \_\_\_\_\_ 083907324 \_\_\_\_\_  
Effective Date \_\_\_\_\_

Checking Account # \_\_\_\_\_  
Amount/Percent to be deposited: \_\_\_\_\_

Savings Account # \_\_\_\_\_  
Amount/Percent to be deposited: \_\_\_\_\_

If you have any questions or if there is a penalty or fee please contact me at:  
(\_\_\_\_\_) \_\_\_\_\_-

Thank you for your attention to this matter.

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

ATTACH A NEW DUPONT STATE BANK VOIDED CHECK HERE

