

Direct Deposit Authorization to CHANGE Financial Institution Information

To: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Full Name (Primary Account Holder): _____

Social Security Number / Tax ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I am submitting this letter as a written notification of my intent to switch my direct deposit from my old bank account to my new account with Legacy Bank. Please initiate this request as soon as possible.

PREVIOUS DIRECT DEPOSIT ACCOUNT(s)

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

ABA Routing #: _____

Account #: _____ Account Type: _____ checking, or _____ savings

Account #: _____ Account Type: _____ checking, or _____ savings

NEW DIRECT DEPOSIT ACCOUNT(s)

Financial Institution: Legacy Bank

Address: _____

City: _____ State: _____ Zip: _____

ABA Routing #: 103104887

Account #: _____ Account Type: _____ checking, or _____ savings

Account #: _____ Account Type: _____ checking, or _____ savings

Signature
